**DOCTOR’S ORDERS**

<table>
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<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: ____________________________

To be given: ____________________________

Cycle #: ____________________________

Date of Previous Cycle: ____________________________

On admission (Day 1): CBC & diff, Creatinine, sodium, potassium, AlkPhos, ALT, LDH, Bilirubin, Quantitative serum 
b-hCG.

On Day 8 (as outpatient): CBC & diff, Creatinine

May proceed with doses as written if within 24h (Day 1) or within 24h (Day 8) ANC greater than or equal to 1.0 x 10⁹/L 
and Platelets greater than or equal to 75 x 10⁹/L, and Creatinine Clearance greater than or equal to 60 mL/min.

Dose modification for: □ Toxicity ____________________________

Proceed with treatment based on bloodwork from: ____________________________

**PREMEDICATIONS:**

**DAY 1**

ondansetron 8 mg PO prior to chemotherapy on Day 1, then continue q12h x 6 doses total.

dexamethasone 8 mg PO prior to chemotherapy on Day 1, then 4 mg PO q12h x 5 doses.

**DAY 8**

ondansetron 8 mg PO prior to chemotherapy on Day 8, then continue q12h x 4 doses total.

dexamethasone 8 mg PO prior to chemotherapy on Day 8, then 4 mg PO q12h x 3 doses.

□ hydrocortisone 100 mg IV prior to etoposide

□ diphenhydrAMINE 50 mg IV prior to etoposide

**CHEMOTHERAPY:**

**DAY 1**

DACTINomycin _______mg IV direct (usual dose 0.5 mg), into tubing of running NS IV.

etoposide 100 mg/m² x BSA = _______mg IV in NS 500 mL over 1 hour. (Use non-DEHP bag and tubing with in-line filter)

methotrexate 300 mg/m² x BSA = _______mg IV in NS 500 to 1000 mL over 12 hours.

**DAY 2**

DACTINomycin _______mg IV direct (usual dose 0.5 mg), into tubing of running NS IV.

etoposide 100 mg/m² x BSA = _______mg IV in NS 500 mL over 1 hour. (Use non-DEHP bag and tubing with in-line filter)

leucovorin (folinic acid) 15 mg PO q12h x 4 doses, beginning 24 hours after start of Day 1 methotrexate.

**POST HYDRATION:**

1000 mL D5W-1/2NS with 20 mEq Potassium Chloride and 100 mEq Sodium Bicarbonate/L at 200 mL/h IV for 20 hours after the end of the methotrexate infusion. Hydration infusion may be interrupted for administration of Day 2 chemotherapy.

Chemotherapy Orders continue on Page 2....

**DOCTOR’S SIGNATURE:** ____________________________

**SIGNATURE:** ____________________________

**UC:** ____________________________
**DOCTOR’S ORDERS**  
Ht__________cm  Wt__________kg  BSA__________m²  

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**  

**CHEMOTHERAPY:**  
**DAY 8**  
vinCRISTine 0.8 mg/m² x BSA = ______mg IV in NS 50 mL over 10 minutes.  
cyclophosphamide 600 mg/m² x BSA = ______mg IV in NS 250 to 500 mL over 30 minutes.

**STANDING ORDER FOR ETOPOSIDE TOXICITY:**  
hydrocortisone 100 mg IV prn and diphenhydrAMINE 50 mg IV prn

**RETURN APPOINTMENT ORDERS**  
- [ ] Return in two weeks (inpatient bed) for Cycle _____ (2-day admission)  
- Return in two weeks for Doctor.

- Book Day 8 chemotherapy as outpatient (ACCU)  

- [ ] Last Cycle. Return in _________ weeks for Doctor.

- CBC with differential, Creatinine on Day 8.

On next admission (Day 1): CBC with diff, Creatinine, sodium, potassium, AlkPhos, ALT, GGT, LDH, Bilirubin, Quantitative serum b-hCG.

- [ ] Other tests:

- [ ] Consults:

- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**  
**SIGNATURE:**  
**UC:**
Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

**PROTOCOL CODE: GOTDEMACO**

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Day 1 of GOTDEMACO chemotherapy =

**OUTPATIENT (DISCHARGE) PRESCRIPTION FOR BC Cancer BENEFIT MEDICATION**

(Fill at BC Cancer Outpatient Dispensary)

Note – Medication orders below should still also be listed on the Discharge Medication Reconciliation form

**leucovorin (folinic acid)** 15 mg PO q12h x 4 doses, beginning 24 hours after start of methotrexate infusion.

RN or Pharmacist to instruct patient on exact dosing times.

**DOCTOR’S SIGNATURE**

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<td>RN:</td>
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