



Provincial Health Services Authority

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](http://www.bccancer.bc.ca) and according to acceptable standards of care

## PROTOCOL CODE: GOTDEMACO

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<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle: _____					
On admission (Day 1): CBC & Diff, creatinine, sodium, potassium, alkaline phosphatase, ALT, GGT, LDH, total bilirubin, beta hCG tumour marker.					
On Day 8 (as outpatient): CBC & Diff, creatinine					
<b>Day 1:</b> May proceed with doses as written if within 24 hours ANC <u>greater than or equal to</u> $1.0 \times 10^9/L$ and Platelets <u>greater than or equal to</u> $75 \times 10^9/L$ , and Creatinine Clearance <u>greater than or equal to</u> 60 mL/min.					
<b>Day 8:</b> May proceed with treatment without lab results.					
Dose modification for: <input type="checkbox"/> Toxicity _____					
Proceed with treatment based on bloodwork from: _____					
<b>PREMEDICATIONS:</b>					
<b>DAY 1</b>					
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.					
<b>DAY 8</b>					
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.					
<input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide					
<input type="checkbox"/> diphenhydramine 50 mg IV prior to etoposide					
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>					
<b>CHEMOTHERAPY:</b>					
<b>DAY 1</b>					
DACTINomycin _____ mg IV push (usual dose 0.5 mg)					
etoposide $100 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg IV in NS 250 to 1000 mL over 45 minutes to 1 hour 30 minutes. (Use non-DEHP bag and tubing with 0.2 micron in-line filter)					
methotrexate $300 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg IV in NS 250 to 500 mL over 12 hours.					
<b>DAY 2</b>					
DACTINomycin _____ mg IV push (usual dose 0.5 mg)					
etoposide $100 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg IV in NS 250 to 1000 mL over 45 minutes to 1 hour 30 minutes. (Use non-DEHP bag and tubing with 0.2 micron in-line filter)					
leucovorin (folinic acid) 15 mg PO q12h x 4 doses, beginning 24 hours after start of Day 1 methotrexate.					
<b>Dose modification if required:</b>					
<input type="checkbox"/> OMIT etoposide IV. Give etoposide 50 mg PO daily on Days 1 to 7.					
<b>POST HYDRATION:</b>					
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....					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>



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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE: _____				
<b>CHEMOTHERAPY:</b>				
<b>DAY 8</b>				
vinCRISTine 0.8 mg/m <sup>2</sup> x BSA = _____ mg IV in NS 50 mL over 10 minutes.				
cyclophosphamide 600 mg/m <sup>2</sup> x BSA = _____ mg IV in NS 100 to 250 mL over 30 minutes.				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in two weeks (inpatient bed) for Cycle _____ (2-day admission)				
Book Day 8 chemotherapy as outpatient (ACCU)				
<input type="checkbox"/> Last Cycle. Return in _____ weeks for Doctor.				
<b>CBC &amp; Diff, creatinine</b> on Day 8.				
On next admission (Day 1): CBC & Diff, creatinine, sodium, potassium, alkaline phosphatase, ALT, GGT, LDH, total bilirubin, beta hCG tumour marker				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>	
			<b>UC:</b>	



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DOCTOR'S ORDERS	Ht_____cm	Wt_____kg	BSA_____m <sup>2</sup>
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form			
DATE:		Cycle #:	
Day 1 of GOTDEMACO chemotherapy =			
<b><u>OUTPATIENT (DISCHARGE) PRESCRIPTION FOR BC Cancer BENEFIT MEDICATION</u></b> (Fill at BC Cancer Outpatient Dispensary) Note – Medication orders below should still also be listed on the Discharge Medication Reconciliation form  <b>leucovorin (folinic acid) 15 mg PO q12h x 4 doses, beginning 24 hours after start of methotrexate infusion.</b>  RN or Pharmacist to instruct patient on exact dosing times.			
DOCTOR'S SIGNATURE			Signatures UC: RN: