## DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht________cm</th>
<th>Wt________kg</th>
<th>BSA________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:

- Delay treatment ______ week(s)
- CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to** 1.5 x 10⁹/L, **Platelets greater than or equal to** 100 x 10⁹/L, **Creatinine Clearance greater than or equal to** 60 mL/minute (for CISplatin only).

Dose modification for:

- Hematology
- Other Toxicity

Proceed with treatment based on blood work from ____________________________

### PREMEDICATIONS:

Patient to take own supply. RN/Pharmacist to confirm ____________________________.

- **ondansetron** 8 mg PO 30 minutes prior to treatment
- **dexamethasone** 8 mg PO 30 minutes prior to treatment
- **aprepitant** 125 mg PO 30 minutes pre-chemotherapy on day 1 and 80 mg PO once daily in the morning on days 2 and 3

- Other:

### CHEMOTHERAPY:

- **fluorouracil** 1000 mg/m²/day x BSA = ____ mg/day for 4 days (total dose = ______ mg over 96 hours)
  - Dose Modification: ______ mg/m² x BSA = ______ mg/day for 4 days (total dose = ______ mg over 96 h)
  - IV in D5W to a total volume of 480 mL by continuous infusion at 5 mL/h via TWO Baxter LV5 infusors (Total dose should be divided equally – each 240 mL over 48 hours)

- **CISplatin** 25 mg/m²/day x BSA = ______ mg
  - Dose Modification: ______% = ______ mg/m² x BSA = __________ mg
  - IV in 100 mL NS over 30 minutes daily x 3 or 4 days (circle one)
  - OR
  - **CARBOplatin** AUC 5 or 6 (circle one) x (GFR + 25) = ______ mg IV in 250 mL NS over 30 minutes Day 1

### RETURN APPOINTMENT ORDERS

- Return in four weeks for Doctor and Cycle ______.
  - Book chemo for 3 or 4 (circle one) days.
- Return in 2 days for second fluorouracil infusor
- Last Cycle. Return in ______ week(s).

**CBC & Diff, Platelets, Creatinine** prior to each cycle

- Other tests:
- Consults:
- See general orders sheet for additional requests.

## DOCTOR'S SIGNATURE:

| SIGNATURE: |
| UC: |