

PROTOCOL CODE: HNAVPC

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, creatinine clearance greater than or equal to 60 mL/min Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
45 minutes prior to PACLitaxel: dexamethasone 20 mg IV in NS 50 mL over 15 minutes				
30 minutes prior to PACLitaxel: diphenhydramine 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)				
Select ONE of the following:				
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin or CARBOplatin ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin or CARBOplatin			
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CISplatin or CARBOplatin			
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin or CARBOplatin			
If additional antiemetic required: <input type="checkbox"/> OLANzapine 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to CARBOplatin				
Have Hypersensitivity Reaction Tray & Protocol Available				
HYDRATION: 1000 mL NS over 1 hour prior to CISplatin				
CHEMOTHERAPY: PACLitaxel 175 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter) CISplatin 75 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 500 mL NS with potassium chloride 20mEq, magnesium sulphate 1 g, 30 g mannitol over 1 hour <input type="checkbox"/> Add 1 L NS IV hydration over 1 hour OR CARBOplatin AUC <input type="checkbox"/> 5 or <input type="checkbox"/> 6 (select one) x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin prior to each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: