



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: HNAVPE

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 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/min (for Cisplatin only).		
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 _____.		
dexamethasone 8 mg PO 30 to 60 minutes prior to each treatment		
and select ONE of the following:		
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to each treatment	
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, then 80 mg PO daily on Day 2 and 3 ondansetron 8 mg PO 30 to 60 minutes prior to each treatment	
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1 only	
<input type="checkbox"/> hydrocortisone 100 mg IV prior to treatment		
<input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to treatment		
<input type="checkbox"/> Other: _____		
Have Hypersensitivity Reaction Tray and Protocol Available		
CHEMOTHERAPY:		
Cisplatin <input type="checkbox"/> 25 mg/m ² /day or <input type="checkbox"/> 15 mg/m ² /day (select one) x BSA = _____ mg/day		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg		
IV in 100 mL NS over 30 minutes x 3 days		
etoposide 100 mg/m ² /day x BSA = _____ mg/day		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg		
IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes x 3 days (use non-DEHP tubing with 0.2 micron in-line filter)		
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 Day 1		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo x 3 days.		
<input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, creatinine 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: