

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: HNAVP

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DOCTOR'S ORDERS Htcm Wt	kg BSAm²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE: To be given: C	Sycle #:
Date of Previous Cycle:	
□ Delay treatment week(s)□ CBC & Diff, Platelets, Creatinine day of treatment	
May proceed with doses as written if within 24 hours ANC <u>greater than or equal to</u> 1.0 x 10 ⁹ /L, Platelets <u>greater than or equal to</u> 100 x 10 ⁹ /L, Creatinine Clearance <u>greater than or equal to</u> 60 mL/min.	
Dose modification for:	
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm	·
ondansetron 8 mg PO prior to treatment dexamethasone ☐ 8 mg or ☐ 12 mg (select one) PO prior to treatment ☐ Other:	
Have Hypersensitivity Reaction Tray and Protocol Available	
CISplatin 25 mg/m²/day x BSA = mg Dose Modification: % = mg/m² x BSA = mg IV in NS 100 to 250 mL over 30 minutes on Days 1 and 8	
DOSE MODIFICATION REQUIRED ON DAY 8: CISplatin 25 mg/m²/day x BSA x (%) = mg IV in NS 100 mL over 30 minutes on Day 8	
RETURN APPOINTMENT ORDERS	
Return in weeks for Doctor and Cycle, book chemo Day 1 & 8. Last Cycle. Return in week(s).	
CBC & Diff, Platelets, Creatinine prior to Day 1 and 8	
☐ Other tests:	
☐ Consults:	
☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: