



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

**PROTOCOL CODE: HNLAALTPRT**

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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:**

**To be given:**

**Cycle #:**

Date of Previous Cycle:

Delay treatment \_\_\_\_\_ week(s)

**CBC & Diff** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, platelets greater than or equal to 100 x 10<sup>9</sup>/L, creatinine clearance greater than or equal to 60 mL/minute.**

Dose modification for:  Hematology  Other Toxicity \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

dexamethasone  8 mg or  12 mg (select one) 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 and 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"/>	

If additional antiemetic required:

OLANzapine  2.5 mg or  5 mg or  10 mg (select one) PO 30 to 60 minutes prior to each treatment

Other:

**TREATMENT:**

**CISplatin 25 mg/m<sup>2</sup>/day x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in NS 100 to 250 mL over 30 minutes on **Days 1 to 4**

**Start day of each cycle:**

day 1 and day 29 (radiation x 5 to 6 weeks)

day 1, day 22 and day 43 (radiation x 7 weeks)

**Day 2 Hydration (optional)**

D5W-1/2NS 1000 mL with potassium chloride 20 mEq plus magnesium sulfate 2 g over 1 hour

**Day 4 Hydration (optional)**

D5W-1/2NS 1000 mL with potassium chloride 20 mEq plus magnesium sulfate 2 g over 1 hour

Effort should be made to ensure radiation is given within 1 to 2 hours AFTER completion of the CISplatin infusion.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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<b>DOCTOR'S ORDERS</b>	
DATE:	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>three</b> or <b>four</b> ( <i>circle one</i> ) weeks for Doctor and Cycle _____. Book chemo x 4 days.	
<input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<b>CBC &amp; Diff, creatinine</b> prior to each cycle  <b>If clinically indicated:</b> <input type="checkbox"/> ALT <input type="checkbox"/> HBV viral load  <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>