**DOCTOR’S ORDERS**  
Ht________cm  Wt________kg  BSA________m²

**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, and **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 __________________________.

- **ondansetron 8 mg** prior to treatment
- **dexamethasone 8 mg** prior to treatment
- **aprepitant 125 mg** PO 30 min pre-CISplatin on day 1 and 80 mg PO daily on days 2 and 3
- [ ] Other:

**CHEMOTHERAPY:**

- **CISplatin** 25 mg/m²/day x BSA = ________ mg
  - [ ] Dose Modification: ________% = ________ mg/m² x BSA = ________ mg
  - IV in NS 100 mL over 30 minutes x 4 days

- **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)
  - [ ] 2/3D5W-1/3NS 1000 mL with potassium chloride 20 mEq plus magnesium sulfate 2 g over 1 hour

- **Day 4 Hydration** (optional)
  - [ ] 2/3D5W-1/3NS 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:**
## DOCTOR'S ORDERS

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<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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## RETURN APPOINTMENT ORDERS

- Return in **three or four** (circle one) weeks for Doctor and Cycle _______.
  - Book chemo x 4 days.
- 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:

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