



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: HNLAALTPRT

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, 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: <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"/> Other:					
CHEMOTHERAPY:					
CISplatin 25 mg/m ² /day x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg					
IV in NS 100 to 250 mL over 30 minutes x 4 days					
Start day of each cycle:					
<input type="checkbox"/> day 1 and day 29 (radiation x 5 to 6 weeks)					
<input type="checkbox"/> day 1, day 22 and day 43 (radiation x 7 weeks)					
Day 2 Hydration (optional)					
<input type="checkbox"/> D5W-1/2NS 1000 mL with potassium chloride 20 mEq plus magnesium sulfate 2 g over 1 hour					
Day 4 Hydration (optional)					
<input type="checkbox"/> 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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Page 2 of 2

DOCTOR'S ORDERS	
DATE:	To be given: Cycle #:
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three or four (<i>circle one</i>) weeks for Doctor and Cycle _____. Book chemo x 4 days. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets, 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: