



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: HNLAPRT (Short Hydration)

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)

Prior to each cycle: **CBC & Diff, creatinine, sodium, potassium, calcium, albumin, magnesium**

May proceed with doses as written if within 24 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/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 12 mg PO/IV 30 to 60 minutes prior to treatment

AND select ONE of the following:	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment and ondansetron 8 mg PO 30 to 60 minutes prior to treatment
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment

If additional antiemetic required:

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

Other: _____

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

TREATMENT:

Chemotherapy is only to be administered if concurrent with radiation. If there is a significant delay in the delivery of Cycle 2, scheduling with radiation may result in omission of the third cycle.

CISplatin 100 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in NS 1000 mL with mannitol 30 g and potassium chloride 10 mEq over 2 hours.

POST-HYDRATION:
D5W-1/2NS 1000 mL with potassium chloride 20 mEq/L plus magnesium sulfate 2 g/L at 500 mL/h for 2 hours. May be administered in host hospital to ensure adequate hydration.

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____.

Last Cycle. Return in _____ weeks.

CBC & Diff, sodium, potassium, creatinine, calcium, albumin, magnesium prior to each cycle

If Clinically Indicated: **total bilirubin** **phosphate** **ALT** **HBV viral load**

Other: _____

Consults: _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:	SIGNATURE:
_____	_____
	UC:
