



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: HNLAPRT (Short Hydration)

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
<b>DATE:</b> _____		<b>To be given:</b> _____		<b>Cycle #:</b> _____
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> Prior to each cycle: <b>CBC &amp; Diff, Platelets, Creatinine clearance, sodium, potassium, calcium, albumin, magnesium</b> May proceed with doses as written if within 24 hours <b>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/min</b> Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.				
dexamethasone 12 mg PO/IV 30 to 60 minutes pre-chemotherapy and select ONE of the following:				
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes pre-chemotherapy			
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes pre-chemotherapy			
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes pre-chemotherapy			
<b>PRNs:</b>				
LORazepam 1 mg SL every 4 to 6 hours prn for nausea, sleep or restlessness prochlorperazine 10 mg PO every 4 to 6 hours prn for nausea diphenhydrAMINE 25-50 mg PO/IV every 4 to 6 hours prn				
<b>PRE-HYDRATION:</b>				
D5W-1/2NS 1000 mL with potassium chloride 20 mEq plus magnesium sulfate 2 g over 1 hour.				
<b>CHEMOTHERAPY:</b>				
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/m <sup>2</sup> x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg				
IV in NS 1000 mL with mannitol 30 g and potassium chloride 10 mEq over 2 hours.				
<b>POST-HYDRATION:</b>				
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.				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____.				
<input type="checkbox"/> Last Cycle. Return in _____ weeks.				
<b>CBC &amp; Diff, Platelets, sodium, potassium, Serum Creatinine, Calcium, Albumin, Magnesium</b> prior to each cycle.				
<input type="checkbox"/> If Clinically Indicated: <b>Bilirubin, Phosphate</b>				
<input type="checkbox"/> _____ weeks post last treatment: CT Scan (neck)				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>