**DOCTOR’S ORDERS**

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<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
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**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, Platelets, Creatinine clearance, Lytes, 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/min**

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 PO/IV 30 minutes pre-chemotherapy and then 8 mg q12h x 6 doses
- Dexamethasone 12 mg PO/IV 30 minutes pre-chemotherapy and then 4 mg PO/IV q12h x 6 doses
- Aprepitant 125 mg PO 30 minutes pre-chemotherapy and 80 mg post-chemotherapy daily for 2 days

**PRNs:**

- Lorazepam 1 mg SL every 4 to 6 hours prn for nausea, sleep or restlessness
- Prochlorperazine 10 mg PO/IV every 4 to 6 hours prn for nausea
- Diphenhydramine 25-50 mg PO/IV every 4 to 6 hours prn

**PRE-HYDRATION:**

2/3 D5W 1/3 NS 1000 mL with potassium chloride 20 mEq plus magnesium sulfate 2 g over 1 hour.

**CHEMOTHERAPY:**

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:**

2/3 D5W 1/3 NS 1000 mL with potassium chloride 20 mEq/L plus magnesium sulfate 2 g/L at 500 mL/hr 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, Platelets, Lytes, Serum Creatinine, Calcium, Albumin, Magnesium**

- If Clinically Indicated: Bilirubin, Phosphate
- ________ weeks post last treatment: CT Scan (neck)

**Consults:**

- □ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

| SIGNATURE: |
| UC: |

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BC Cancer Agency Provincial Preprinted Order HNLAPRT (short hydration)  
Created: 1 Dec 2009  
Revised: 1 Mar 2018