**PROTOCOL CODE: HNNAVPG**

<table>
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<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht_______ cm</th>
<th>Wt_______ kg</th>
<th>BSA_______ m²</th>
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</thead>
</table>

**REMARKER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.**

**DATE:**

- To be given:
- Cycle 

**REMINDER:**

- Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**PREMEDICATIONS:**

- Patient to take own supply. RN/Pharmacist to confirm __________________________.
- Ondansetron 8 mg PO 30 minutes prior to treatment Day 1 and Day 8
- Dexamethasone 8 mg or 12 mg (circle one) PO 30 mins prior to treatment Day 1 and Day 8
- Aprepitant 125 mg PO 30 mins pre-chemotherapy and 80 mg PO once daily in the morning on days 2 and 3
- Prochlorperazine 10 mg PO 30 minutes prior (if needed) to treatment Day 15

**PREHYDRATION:**

- 1000 mL NS IV over 60 minutes prior to CISplatin on Day 1 and Day 8

**CHEMOTHERAPY:**

- Gemcitabine 1000 mg/m² x BSA = _________ mg
  - Dose Modification: _________% = _________ mg/m² x BSA = _________ mg
  - IV in 250 mL NS over 30 minutes on Days 1, 8 and 15
- CISplatin 50 mg/m² x BSA = _________ mg
  - Dose Modification: _________% = _________ mg/m² x BSA = _________ mg
  - IV in 500 mL NS, with potassium chloride 10 mEq and magnesium sulfate 1 g, mannitol 30 g over 1 hour on Days 1 and 8.
  - OR
  - CARBOplatin AUC 5 or 6 (circle one) x (GFR + 25) = _________ mg IV in 250 mL NS over 30 minutes Day 1 (if using AUC 6, may dose gemcitabine at 800 mg/m²)

**DOSE MODIFICATION FOR DAY 8, DAY 15**

- Gemcitabine 1000 mg/m² x BSA x (________ %) = _________ mg IV in 250 mL NS over 30 minutes
  - Dose Modification: (________ %) = _________ mg/m² x BSA = _________ mg IV in 250 mL NS over 30 minutes

**RETURN APPOINTMENT ORDERS**

- Return in four weeks for Doctor and Cycle ______. Book chemo Day 1, 8 and 15.
- Last Cycle. Return in ______ week(s).

**CBC & Diff, Platelets, Creatinine, ALT, Bill prior to Day 1**

**CBC & Diff, Platelets, Creatinine prior to Day 8**

**CBC & Diff, Platelets prior to Day 15**

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**