



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: HNNAVP**

<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"/> <b>CBC &amp; Diff, Platelets, Creatinine</b> day of treatment					
May proceed with doses as written if within 24 hours <b>ANC greater than or equal to 1.0 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 _____.					
ondansetron 8 mg PO prior to treatment					
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg ( <i>select one</i> ) PO prior to treatment					
<input type="checkbox"/> Other:					
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>					
<b>CHEMOTHERAPY:</b>					
CISplatin 25 mg/m <sup>2</sup> /day x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg					
IV in NS 100 to 250 mL over 30 minutes on <b>Days 1 and 8</b>					
<b>DOSE MODIFICATION REQUIRED ON DAY 8:</b>					
CISplatin 25 mg/m <sup>2</sup> /day x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg					
IV in NS 100 to 250 mL over 30 minutes on <b>Day 8</b>					
<b>RETURN APPOINTMENT ORDERS</b>					
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____, book chemo Day 1 & 8.					
<input type="checkbox"/> Last Cycle. Return in _____ week(s).					
<b>CBC &amp; Diff, Platelets, Creatinine</b> prior to Day 1 and 8					
<input type="checkbox"/> <b>Other tests:</b>					
<input type="checkbox"/> <b>Consults:</b>					
<input type="checkbox"/> See general orders sheet for additional requests.					
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>	
				<b>UC:</b>	