



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: HNNLAPG

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DOCTOR'S ORDERS			Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
DATE:	To be given:	Cycle #:			
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets, creatinine, ALT, Bilirubin on day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, and Day 1 Creatinine Clearance greater than or equal to 60 mL/minute Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.					
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1 and select ONE of the following:					
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1				
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1				
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1				
<input type="checkbox"/>	Other _____				
Have Hypersensitivity Reaction Tray and Protocol Available					
HYDRATION:					
1000 mL NS IV over 1 hour prior to CISplatin					
CHEMOTHERAPY:					
gemcitabine 1250 mg/m² x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg					
IV in 250 mL NS over 30 minutes on Day 1 and Day 8					
CISplatin 80 mg/m²/day x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg					
IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and Mannitol 30 g over 1 hour Day 1					
DOSE MODIFICATION FOR DAY 8					
gemcitabine 1250 mg/m² x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg					
IV in 250 mL NS over 30 minutes					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo Day 1 and 8.					
<input type="checkbox"/> Last Cycle. Return in _____ week(s).					
CBC & Diff, Platelets, Creatinine, ALT, Bilirubin prior to Day 1					
CBC & Diff, Platelets , prior to Day 8					
<input type="checkbox"/> Other tests:					
<input type="checkbox"/> Consults:					
<input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC: