



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 and according to acceptable standards of care

PROTOCOL CODE: HNNLAPRT

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"/> Day of treatment: CBC & Diff, creatinine, sodium, potassium, calcium, albumin, magnesium May proceed with doses as written if within 24 hours ANC greater than or equal to 0.8 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, creatinine clearance greater than or equal to 50 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 CISplatin				
AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin		
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin and ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin		
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CISplatin		
If additional antiemetic required:				
<input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to CISplatin				
<input type="checkbox"/> Other: _____				
PRE HYDRATION:				
1000 mL NS with potassium chloride 20 mEq and magnesium sulphate 2 g IV over 1 hour prior to CISplatin				
TREATMENT:				
CISplatin 40 mg/m ² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 100 to 500 mL NS over 30 minutes to 1 hour weekly x 2 (1 week = 1 cycle)				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in _____ week(s) for Doctor. Book chemo weekly x _____ weeks.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, platelets, creatinine, sodium, potassium, magnesium, calcium, albumin prior to each treatment If Clinically Indicated: <input type="checkbox"/> ALT <input type="checkbox"/> HBV viral load <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				
				SIGNATURE:
				UC: