

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 <a href="https://www.bccancer.bc.ca">www.bccancer.bc.ca</a> and according to acceptable standards of care

PROTOCOL CODE: HNNLAPRT

Page 1 of 1

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form						
DATE: To b	e given:			Сус	le #:	
Date of Previous Cycle:						
<ul> <li>□ Delay treatment week(s)</li> <li>□ Day of treatment: CBC &amp; Diff, creatinine, lytes, calcium, albumin, magnesium</li> <li>May proceed with doses as written if within 24 hours ANC greater than or equal to 100 x 10°/L, Platelets greater than or equal to 100 x 10°/L,</li> <li>Creatinine Clearance greater than or equal to 50 mL/min</li> </ul>						
Dose modification for:						
Proceed with treatment based on blood work from	om					
PREMEDICATIONS: Patient to take own some ondansetron 8 mg PO pre-chemotherapy dexamethasone 8 mg PO pre-chemotherapy  ☐ Other:	upply. RN/Pha					
PRE HYDRATION:						
1000 mL NS with potassium chloride 20 mEq and magnesium sulphate 2 g IV over 1 hour prior to CISplatin						
CHEMOTHERAPY:  CISplatin 40 mg/m² x BSA = mg  Dose Modification: % = mg/m² x BSA = mg  IV in 100 to 500 mL NS over 30 minutes to 1 hour weekly x 2						
RETURN APPOINTMENT ORDERS						
Return inweek(s) for Doctor. Bo	ok chemo week	ly x		_weeks.		
CBC & Diff, platelets, creatinine, sodium, p prior to next treatment	otassium, mag	gnesium	, calciu	m, Albumir	1	
☐ Other tests:						
<ul><li>☐ Consults:</li><li>☐ See general orders sheet for additional</li></ul>	requests.					
DOCTOR'S SIGNATURE:	4				SIG	NATURE:
					UC:	