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 be given:  Cycle #:

Date of Previous Cycle:

☐ Delay treatment _____ week(s)
☐ CBC & Diff, Platelets, creatinine day of treatment

May proceed with doses as written if within 24 hours ANC greater than or equal to 1.5 \times 10^9/L, Platelets greater than 100 \times 10^9/L, Creatinine Clearance greater than or equal to 60 mL/minute

Dose modification for:  ☐ Hematology  ☐ Other Toxicity

Proceed with treatment based on blood work from ________________

PREMEDICATIONS:  Patient to take own supply. RN/Pharmacist to confirm ________________________.

☐ ondansetron 8 mg PO prior to treatment
☐ dexamethasone 8 mg or 12 mg (circle one) PO prior to treatment
☐ hydrocortisone 100 mg IV prn
☐ aprepitant 125 mg PO pre-chemotherapy on day 1 and 80 mg PO once daily in the morning on days 2 and 3
☐ prochlorperazine 10 mg PO prn
☐ metoclopramide 10 mg PO prn
☐ Other:

HYDRATION:  500 mL NS IV over 30 minutes to 1 hour prior to CISplatin

CHEMOTHERAPY:

CISplatin 30 mg/m²/day x BSA = _________ mg

☐ Dose Modification: ________% = _________ mg/m² x BSA = _________ mg

IV in NS 100 mL over 30 minutes on Day 1 and Day 8

vinorelbine 30 mg/m²/day x BSA = _________ mg

☐ Dose Modification: ________% = _________ mg/m² x BSA = _________ mg

IV in NS 50 mL over 6 minutes on Day 1 and Day 8

Flush vein with NS 75 to 125 mL following infusion of vinorelbine.

DOSE MODIFICATION

vinorelbine 25 mg/m²/day x BSA = _________ mg

☐ Dose Modification: ________% = _________ mg/m² x BSA = _________ mg

IV in NS 50 mL over 6 minutes on Day 1 and Day 8

Flush vein with NS 75 to 125 mL following infusion of vinorelbine.

RETURN APPOINTMENT ORDERS

☐ Return in three weeks for Doctor and Cycle ______. Book chemo Day 1 and 8.
☐ Last Cycle. Return in ______ week(s).

CBC & Diff, Platelets, Creatinine prior to each treatment

If clinically indicated:  ☐ Bilirubin
☐ Other tests:
☐ Consults:
☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE:   SIGNATURE:   UC: