**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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**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 96 hours ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$, Creatinine Clearance greater than or equal to 60 mL/min.

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
- Optional: Aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy on Days 2 and 3

**HYDRATION:**

- 1000 mL NS over 60 minutes prior to CISplatin

**CHEMOTHERAPY:**

- **DOXOrubicin** $50 \text{mg/m}^2 \times BSA \times (\ %) = \text{mg} \text{ IV push (may be given during hydration)}
  - Dose Modification: ______% = ______mg/m² × BSA = ________ mg

- **CISplatin** $50 \text{mg/m}^2 \times BSA \times (\ %) = \text{mg} \text{ IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulfate 1 g, and mannitol 30 g over 60 minutes}
  - Dose Modification: ______% = ______mg/m² × BSA = ________ mg

- **cyclophosphamide** $500 \text{mg/m}^2 \times BSA \times (\ %) = \text{mg} \text{ IV in 100 to 250 mL NS over 20 to 60 minutes}
  - Dose Modification: ______% = ______mg/m² × BSA = ________ mg

**RETURN APPOINTMENT ORDERS**

- Return in three weeks for Doctor and Cycle __________
- Last Cycle. Return in ______ week(s).

**CBC & Diff, Platelets, Creatinine** prior to each cycle

If clinically indicated:

- Bilirubin
- Other tests:
- Consults:
- See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**