**PROTOCOL CODE: UHNLADCF**

A BCCA “Compassionate Access Program” request form must be completed and approved prior to treatment.

<table>
<thead>
<tr>
<th>DOCTOR'S ORDERS</th>
<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, AST/ALT, Alkaline Phosphatase** day of treatment.
  - May proceed with doses as written if within 24 hours ANC **greater than or equal to** 1.5 x 10⁹/L, Platelets **greater than** 100 x 10⁹/L, Creatinine Clearance **greater than or equal to** 60 mL/minute, Alk Phos **less than** 2.5 x ULN, and AST+/or ALT **less than** 1.5 x ULN.
  - 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 30 minutes prior to chemotherapy.
  - **dexamethasone 8 mg** PO bid for 3 days starting one day prior to treatment.
  - **filgrastim 5 mcg/kg/day daily SC** (rounded to nearest vial size: 300 mcg or 480 mcg) **highly recommended.** Start day 5 after chemo & treat through post-nadir ANC recovery (7 days)
  - **aprepitant 125 mg** PO 30 minutes prior to chemotherapy and **80 mg** PO in the morning once daily on Days 2 and 3
  - **Optional:** Frozen gloves starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing.
  - □ Other:

**PRE-HYDRATION:** 1000 mL NS over 1 hour pre-CISplatin.

**CHEMOTHERAPY:**
- **DOCEtaxel 75 mg/m² x BSA = _________ mg**
  - □ Dose Modification: ____% = _________ mg/m² x BSA = _________ mg
  - IV in NS 250 to 500 mL (non-DEHP bag) over 1 hour (use non-DEHP tubing).
- **CISplatin 75 mg/m² x BSA = _________ mg**
  - □ Dose Modification: _____% = _________ mg/m² x BSA = _________ mg
  - IV in NS 500 mL with potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g over one hour.
- **fluorouracil 750 mg/m²/day x BSA = _________ mg/day for 5 days (total dose = _________ mg over 120 h)**
  - □ Dose Modification: ______% = _________ mg/m² x BSA = _________ mg/day for 5 days (total dose = _________ mg over 120 h)
  - IV in D5W to a total volume of 240 mL by continuous infusion at 2 mL/h via Baxter LV2 infusor.

**RETURN APPOINTMENT ORDERS**

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

**CBC & Diff, Platelets, Serum Creatinine, AST/ALT, Alk Phos** prior to each cycle.

**Other tests:**
- □ Book for PICC assessment/insertion per Centre process
- □ Book for IVAD insertion per Centre process
- □ Weekly PICC dressing change and assessment for infection or thrombosis during chemo appointment
- □ Consults:
- □ See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**