**DOCTOR’S ORDERS**

<table>
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<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 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 or equal to 100 x 10⁹/L
- Day 1 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 Day 1
- Dexamethasone 8 mg or 12 mg (circle one) PO prior to treatment Day 1
- Aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3
- Prochlorperazine 10 mg PO prn
- Metoclopramide 10 mg PO prn

**HYDRATION:**

- 1000 mL NS over 1 hour prior to treatment Day 1 only

**CHEMOTHERAPY:**

- CISplatin 80 mg/m² x BSA x = ___________ mg
  - Dose Modification: ________% = ________ mg/m² x BSA = ___________ mg
  - IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, and 30 g Mannitol over 1 hour on Day 1 only

- Vinorelbine 30 mg/m²/day x BSA = ___________ mg
  - Dose Modification: ________% = ________ mg/m²/day x BSA = ___________ mg
  - IV in 50 mL NS over 6 minutes on Days 1, 8 and 15. Flush vein with 75 to 125 mL NS following infusion of Vinorelbine.

**DOSE MODIFICATION (if required for Day 8 or 15):**

- Vinorelbine 30 mg/m²/day x BSA = ___________ mg
  - Dose Modification: ________% = ________ mg/m²/day x BSA = ___________ mg
  - IV in 50 mL NS over 6 minutes on Day 8 or 15 (circle one).
  - Flush vein with 75 to 125 mL NS following infusion of Vinorelbine.

**RETURN APPOINTMENT ORDERS**

- Return in three weeks for Doctor and Cycle _____.
- Book chemo for Days 1, 8, 15.
- Last Cycle. Return in _______ week(s).

- CBC & Diff, Platelets, Creatinine prior to each cycle
- CBC & Diff, Platelets prior to Day 8 and 15
  - If clinically indicated: Bilirubin
  - Other tests:
  - Consults:
  - See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**