

PROTOCOL CODE: LUAJNP

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DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE: _____	To be given: _____	Cycle #: _____
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff 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: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1 and select ONE of the following:		
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1 ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1	
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1	
<input type="checkbox"/> Other: _____		
HYDRATION: 1000 mL NS over 1 hour prior to treatment Day 1 only		
TREATMENT: CISplatin 75 mg/m² x BSA x = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² 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 <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 50 mL NS over 6 minutes on Days 1 and 8 . Flush vein with 75 to 125 mL NS following infusion of vinorelbine.		
DOSE MODIFICATION (if required for Day 8): vinorelbine 30 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 50 mL NS over 6 minutes on Day 8 . Flush vein with 75 to 125 mL NS following infusion of vinorelbine.		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo for Days 1 and 8 . <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, creatinine prior to each cycle CBC & Diff prior to Day 8 . If clinically indicated: <input type="checkbox"/> total bilirubin <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE: UC: