

PROTOCOL CODE: LUAJPP

Page 1 of 1

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 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 45 mL/minute (for pemetrexed), or greater than or equal to 60 mL/minute (for CISplatin)		
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 and select ONE of the following:		
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment ondansetron 8 mg PO 30 to 60 minutes prior to treatment	
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment	
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment	
Ensure patient is taking folic acid and has had vitamin B12 injection starting at least 7 days prior to first cycle, and to continue while on treatment, until 21 days after last pemetrexed dose.		
HYDRATION: 1000 mL NS over 1 hour prior to CISplatin		
TREATMENT: pemetrexed $500 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² \times BSA = _____ mg IV in 100 mL NS over 10 minutes (may be given during prehydration)		
CISplatin $75 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² \times BSA = _____ mg IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and mannitol 30 g over 1 hour		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____		
<input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, creatinine, alkaline phosphatase, total bilirubin, ALT, LDH prior to each cycle		
Vitamin B12 injection required every 9 weeks. Patient to obtain supply.		
<input type="checkbox"/> This patient to receive injection in clinic. Next injection due by _____.		
<input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: