DOCTOR’S ORDERS

Ht cm  Wt kg  BSA m²

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 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 mL/minute (if using cisplatin)

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
- hydrocortisone 100 mg IV prn
- Other:

CHEMOTHERAPY:

- CISplatin 30 mg/m²/day x BSA = _______ mg

  ☐ Dose Modification: ______% = ______ mg/m² x BSA = ______ mg

  IV in 100 to 250 mL NS over 20 to 30 minutes on Day 1 and Day 8

- vinorelbine 30 mg/m²/day x BSA = _______ mg

  ☐ Dose Modification: ______% = ______ mg/m² x BSA = ______ mg

  IV in 50 mL NS over 6 minutes on Day 1 and Day 8

  Flush vein with 75 to 125 mL NS following infusion of vinorelbine.

DOSE MODIFICATION – CARBOPLATIN OPTION:

- CARBOplatin AUC 5 x (GFR + 25) = ______ mg

  ☐ Dose Modification: ______% = ______ mg

  IV in 250 mL NS over 30 minutes on Day 1 only

- vinorelbine 25 mg/m²/day x BSA = _______ mg

  ☐ Dose Modification: ______% = ______ mg/m² x BSA = ______ mg

  IV in 50 mL NS over 6 minutes on Day 1 and Day 8

  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 Day 1 and 8.

☐ Last Cycle. Return in ______ week(s).

CBC & Diff, Platelets, Creatinine prior to each treatment

If clinically indicated: ☐ Bilirubin

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE:  SIGNATURE:

UC: