PROTOCOL CODE: LUAVNP

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:

☐ 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 10^9/L, Platelets greater than or equal to 100 x 10^9/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** *(select one)* PO prior to treatment
☐ **hydrocortisone 100 mg** IV prn
☐ **Other:**

CHEMOTHERAPY:
CISplatin 30 mg/m^2/day x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 100 to 250 mL NS over 30 minutes on **Day 1 and Day 8**

vinorelbine 30 mg/m^2/day x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 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 100 to 250 mL NS over 30 minutes on **Day 1 only**

vinorelbine 25 mg/m^2/day x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 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: