

PROTOCOL CODE: LUAVPEM

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 (if creatinine ordered)		
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 4 mg PO bid for 3 days starting one day prior to each treatment Ensure patient is taking follic 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. <input type="checkbox"/> Other: _____		
TREATMENT: pemetrexed $500 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg IV in 100 mL NS over 10 minutes		
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, total bilirubin, ALT, alkaline phosphatase, LDH prior to each cycle If clinically indicated: <input type="checkbox"/> creatinine 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: