

PROTOCOL CODE: LUAVPG

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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, 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: <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, and <input type="checkbox"/> 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"/> ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1	
If additional antiemetic required:		
<input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1 <input type="checkbox"/> Other: _____		
Have Hypersensitivity Reaction Tray and Protocol Available		
HYDRATION: 1000 mL NS IV over 1 hour prior to CISplatin		
TREATMENT: gemcitabine 1000 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: (_____ %) = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8		
CISplatin 75 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and mannitol 30 g over 1 hour Day 1		
OR		
CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1		
DOSE MODIFICATION FOR DAY 8 gemcitabine 1000 mg/m² (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: (_____ %) = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo Day 1 and 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, creatinine, ALT, total bilirubin, alkaline phosphatase, LDH prior to Day 1 CBC & Diff, creatinine prior to Day 8 <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE: UC: