**PROTOCOL CODE: LUAVPG**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

<table>
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<tr>
<th>To be given:</th>
<th>Cycle #:</th>
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- [ ] 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 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 ___________________________.

- **Have Hypersensitivity Reaction Tray and Protocol Available**

**ondansetron 8 mg PO prior to treatment Day 1**

- dexamethasone 8 mg or 12 mg *(circle one)* PO prior to treatment Day 1
- aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3
- prochlorperazine 10 mg PO prn
- metoclopramide 10 mg PO prn

**HYDRATION:**

- 1000 mL NS IV over 1 hour prior to CISplatin

### CHEMOTHERAPY:

- gemcitabine 1250 mg/m² or 1000 mg/m² *(circle one)* x BSA = _________ mg

  - Dose Modification: (_________%) = _________ mg/m² 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

  - Dose Modification: _______% = _______ mg/m² 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 or 6 *(circle one)* x (GFR + 25) = _________ mg IV in 250 mL NS over 30 minutes **Day 1** (if using AUC 6, must use gemcitabine 1000 mg/m²²)

### DOSE MODIFICATION FOR DAY 8

- gemcitabine 1250 mg/m² or 1000 mg/m² *(circle one)* x BSA = _________ mg

  - Dose Modification: (_________%) = _________ mg/m² x BSA = _________ mg

  - IV in 250 mL NS over 30 minutes

### 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, ALT, Bill, Alk Phos, LDH prior to Day 1

CBC & Diff, Platelets, Creatinine, prior to Day 8

- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**UC:**