Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: LUAVPP

| 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 96 hours ANC greater than or equal to 1.5 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 4 mg PO bid for 3 days starting one day prior to each treatment

Ensure patient is taking folic 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.

☐ aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO in the morning once daily on Days 2 and 3

**Have Hypersensitivity Reaction Tray & Protocol Available**

HYDRATION:

1000 mL NS over 1 hour prior to CISplatin

CHEMOTHERAPY:

- pemetrexed 500 mg/m² x BSA = ___________ mg
  ☐ Dose Modification: ________% = ___________ mg/m² x BSA = ___________ mg
  IV in 100 mL NS over 10 minutes (may be given during prehydration)

- CISplatin 75 mg/m² x BSA = ___________ mg
  ☐ Dose Modification: ________% = ___________ mg/m² x BSA = ___________ mg
  IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulphate 1 g and mannitol 30 g over 1 hour
  OR
  CARBOplatin AUC 5 x (GFR + 25) = ___________ mg IV in 250 mL NS over 30 minutes

RETURN APPOINTMENT ORDERS

☐ Return in three weeks for Doctor and Cycle ___________
☐ Last Cycle. Return in _______ week(s).

CBC & Diff, Platelets, Creatinine, Alk Phos, Bill, ALT, LDH prior to each cycle

CBC & Diff, Platelets weekly during Cycles 1 and 2

Vitamin B12 injection required every 9 weeks. Patient to obtain supply.

☐ This patient to receive injection in clinic. Next injection due by ____________.

☐ Other tests:
☐ Consults:
☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE: ______________________

SIGNATURE: ______________________

UC: ______________________

BC Cancer Provincial Preprinted Order LUAVPP
Created: 1 Feb 2011    Revised: 1 July 2018