

PROTOCOL CODE: LULAPE2RT

(Page 1 of 1)

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 #: _____ of 2 (max 2)
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 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 _____. ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Days 1 to 5 and Day 8 (CISplatin) dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment on Days 1 to 5 and Day 8 (CISplatin) aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1 and 8; then 80 mg PO daily on Days 2 and 3 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 <input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide <input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to etoposide <input type="checkbox"/> Other: _____		
Have Hypersensitivity Reaction Tray and Protocol Available		
HYDRATION: 1000 mL NS over 1 hour prior to CISplatin Day 1 and Day 8		
TREATMENT: CISplatin 50 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 sulphate 1 g and mannitol 30 g over 1 hour on Day 1 and Day 8 OR CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes on Day 1 only etoposide 50 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 45 minutes on Days 1 to 5 (use non-DEHP tubing with 0.2 micron in-line filter)		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo for Days 1 to 5 and Day 8 <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, creatinine, total bilirubin prior to each cycle. Creatinine on Day 8. If clinically indicated: <input type="checkbox"/> total bilirubin <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests		
DOCTOR'S SIGNATURE: _____		SIGNATURE: UC: _____