**PROTOCOL CODE: LUMMPG**

### DOCTOR'S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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**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 24 hours ANC greater than or equal to 1 x 10⁹/L, Platelets greater than 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 8 mg or 12 mg (circle one) prior to treatment**
- **aprepitant 125 mg** PO pre-chemotherapy on Day 1 and 80 mg PO once daily in the morning on Days 2 and 3

**HYDRATION:**

1000 mL NS IV over 1 hour prior to CISplatin

**CHEMOTHERAPY:**

- **gemcitabine 1250 mg/m²/day x or 1000 mg/m²/day (circle one) BSA = _________ mg**
  - [ ] Dose Modification: ______% = _________mg/m² x BSA = ________mg
  - IV in 250 mL NS over 30 minutes Day 1 and 8

- **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 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/m²)**

**DOSE MODIFICATION FOR DAY 8:**

- **gemcitabine 1250 mg/m² or 1000 mg/m²/day (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, **Alk Phos, ALT, Bilir, LDH** prior to Day 1
- CBC & Diff, Platelets, Creatinine Day 8
- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**