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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: LUMMPG

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:

☐ 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 1.0 x 10^9/L, Platelets greater than or equal to 100 x 10^9/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 _____.

dexamethasone ☐ **8 mg** or ☐ **12 mg** (select one) PO 30 to 60 minutes prior to treatment on Day 1

and **select** ONE of the following:

☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to treatment on Day 1 **ondansetron 8 mg** PO 30 to 60 minutes prior to treatment on Day 1
☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to treatment on Day 1
☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to treatment on Day 1

☐ Other:

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

HYDRATION:

1000 mL NS IV over 1 hour prior to CISplatin

CHEMOTHERAPY:

gemcitabine ☐ **1250 mg/m^2/day** x or ☐ **1000 mg/m^2/day** *(select one)* BSA = _____ mg

☐ Dose Modification: _____% = _____mg/m^2 x BSA = _____mg

IV in 250 mL NS over 30 minutes **Day 1 and 8**

CISplatin 75 mg/m^2 x BSA = _____ mg

☐ 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** or ☐ **6** *(select one)* **x (GFR + 25)** = _____ mg IV in 250 mL NS over 30 minutes **Day 1** (if using AUC 6, must use gemcitabine 1000 mg/m^2)

DOSE MODIFICATION FOR DAY 8:

gemcitabine ☐ **1250 mg/m^2** or ☐ **1000 mg/m^2/day** *(select one)* x BSA = _____ mg

☐ Dose Modification: _____% = _____mg/m^2 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, Bili, 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: