

PROTOCOL CODE: LUMMPP

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:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> 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: <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 _____. dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment and select ONE of the following:				
<input type="checkbox"/> aprepitant 125 mg PO 30 to 60 minutes prior to treatment <input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to treatment				
<input type="checkbox"/> netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment				
<input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to 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.				
Have Hypersensitivity Reaction Tray & Protocol Available				
HYDRATION:				
1000 mL NS over 1 hour prior to CISplatin				
CHEMOTHERAPY:				
pemetrexed 500 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 mL NS over 10 minutes (may be given during prehydration)				
<input type="checkbox"/> CISplatin 75 mg/m² 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 sulfate 1 g and mannitol 30 g over 1 hour				
OR				
<input type="checkbox"/> CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 250 mL NS over 30 minutes				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine, Bili, ALT, Alk Phos, 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.				
<input type="checkbox"/> This patient to receive injection in clinic. Next injection due by _____.				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	