

**PROTOCOL CODE: LUMMPP**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment		
May proceed with doses as written if within 96 hours <b>ANC greater than or equal to <math>1.5 \times 10^9/L</math></b> , <b>platelets greater than or equal to <math>100 \times 10^9/L</math></b> , <b>creatinine clearance: greater than or equal to 45 mL/minute</b> (for pemetrexed and CARBOplatin) or <b>greater than or equal to 60 mL/minute</b> (for CISplatin)		
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity:</b> _____		
Proceed with treatment based on blood work from _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>dexamethasone</b> <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> (select one) PO 30 to 60 minutes prior to treatment		
AND select <b>ONE</b> of the following:	<input type="checkbox"/> <b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to treatment, and <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment	
	<input type="checkbox"/> <b>netupitant-palonosetron 300 mg-0.5 mg</b> PO 30 to 60 minutes prior to treatment	
	<input type="checkbox"/> <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment	
If additional antiemetic required: <input type="checkbox"/> <b>OLANZapine</b> <input type="checkbox"/> <b>2.5 mg</b> or <input type="checkbox"/> <b>5 mg</b> or <input type="checkbox"/> <b>10 mg</b> (select one) PO 30 to 60 minutes prior to treatment		
Ensure patient is taking <b>folic acid</b> and has had <b>vitamin B12</b> injection starting at least 7 days prior to first cycle, and to continue while on treatment, until 21 days after last pemetrexed dose.		
<b>**Have Hypersensitivity Reaction Tray &amp; Protocol Available**</b>		
<b>HYDRATION:</b> 1000 mL NS over 1 hour prior to CISplatin		
<b>TREATMENT:</b> <b>pemetrexed <math>500 \text{ mg/m}^2 \times \text{BSA} =</math> _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg IV in 100 mL NS over 10 minutes (may be given during prehydration)		
<input type="checkbox"/> <b>CISplatin <math>75 \text{ mg/m}^2 \times \text{BSA} =</math> _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and mannitol 30 g over 1 hour		
<b>OR</b> <input type="checkbox"/> <b>CARBOplatin AUC 5 x (GFR + 25) =</b> _____ mg IV in 250 mL NS over 30 minutes		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<b>CBC &amp; Diff, creatinine, total bilirubin, ALT, alkaline phosphatase, LDH</b> prior to each cycle		
<b>Vitamin B12 injection</b> 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"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b> <b>UC:</b>