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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

**PROTOCOL CODE: LUOTPAC**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m(^2)</th>
</tr>
</thead>
</table>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

<table>
<thead>
<tr>
<th>To be given:</th>
<th>Cycle #:</th>
</tr>
</thead>
</table>

| Date of Previous Cycle: |

- [ ] Delay treatment ______ week(s)
- [ ] 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 10\(^9\)/L, platelets **greater than or equal to** 100 x 10\(^9\)/L, Creatinine Clearance **greater than or equal to** 60 mL/min.

**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) PO prior to treatment
- [ ] aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3

**HYDRATION:**

1000 mL NS over 60 minutes prior to cisplatin

**CHEMOTHERAPY:**

- **DOXOrubicin** 50 mg/m\(^2\) x BSA = __________ mg
  - [ ] Dose Modification: ______% = __________ mg/m\(^2\) x BSA = __________ mg
  - IV push (may be given during hydration)

- **CISplatin** 50 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

- **cyclophosphamide** 500 mg/m\(^2\) x BSA = __________ mg
  - [ ] Dose Modification: ______% = __________ mg/m\(^2\) x BSA = __________ mg
  - IV in 100 to 250 mL NS over 20 minutes to 1 hour

**RETURN APPOINTMENT ORDERS**

- [ ] Return in **three** weeks for Doctor and Cycle ________
- [ ] Last Cycle. Return in ______ week(s).

CBC & Diff, Platelets, Creatinine prior to each cycle

If clinically indicated:

- [ ] Bilirubin
- [ ] Other tests:
- [ ] Consults:
  - [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

<table>
<thead>
<tr>
<th>SIGNATURE:</th>
</tr>
</thead>
</table>

**UC:**

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**BC Cancer Provincial Preprinted Order LUOTPAC**

Created: Nov 21, 2007  Revised: 1 Sept 2019