



Provincial Health Services Authority

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: LUPUPE**

<b>DOCTOR'S ORDERS</b>		
	Ht _____ cm	Wt _____ kg
BSA _____ m <sup>2</sup>		
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>		
<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, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 60 mL/minute (if using CISplatin)</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.		
ondansetron 8 mg PO prior to treatment on Days 1 to 3		
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment on Days 1 to 3		
<input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide <input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to etoposide <input type="checkbox"/> Other:		
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>		
<b>CHEMOTHERAPY:</b>		
CISplatin 25 mg/m <sup>2</sup> /day x BSA = _____ mg		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 to 250 mL NS over 30 minutes x 3 days		
OR		
CARBOplatin AUC 5 x (GFR + 25) = _____ mg		
IV in 100 to 250 mL NS over 30 minutes Day 1 only		
etoposide 100 mg/m <sup>2</sup> /day x BSA = _____ mg		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes x 3 days (use non-DEHP tubing with 0.2 micron in-line filter)		
<b>STANDING ORDER FOR ETOPOSIDE TOXICITY:</b>		
Hydrocortisone 100 mg IV prn / Diphenhydramine 50 mg IV prn		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <input type="checkbox"/> <b>three</b> weeks or <input type="checkbox"/> <b>four</b> weeks (select one) for Doctor and Cycle ____ Book chemo x 3 days. <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<b>CBC &amp; Diff, Platelets, Creatinine</b> prior to each cycle If clinically indicated: <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> See general orders sheet for additional requests.		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>