



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

PROTOCOL CODE: LUSCDURPE

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 on Day 1 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), ALT less than or equal to 3 times the upper limit of normal, bilirubin less than or equal to 1.5 times the upper limit of normal, creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 times baseline.					
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 _____.					
Cycles 1 to 4:					
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					
For prior durvalumab infusion reaction:					
<input type="checkbox"/> diphenhydrAMINE 50 mg PO 30 minutes prior to treatment <input type="checkbox"/> acetaminophen 325 to 975 mg PO 30 minutes prior to treatment <input type="checkbox"/> hydrocortisone 25 mg IV 30 minutes prior to treatment <input type="checkbox"/> Other:					
Have Hypersensitivity Reaction Tray and Protocol Available					
CHEMOTHERAPY:					
<input type="checkbox"/> CYCLES 1 to 4:					
durvalumab 20 mg/kg x _____ kg = _____ mg (max. 1500 mg) IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter* Day 1 only					
CISplatin 25 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² 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/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² 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*)					
* Use separate infusion line and filter for each drug					
SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 5 ONWARDS					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:

DOCTOR'S ORDERS	
DATE:	
CHEMOTHERAPY: (continued) <p style="text-align: center;">***SEE PAGE 1 FOR CHEMOTHERAPY CYCLES 1 to 4***</p> <p>OR</p> <input type="checkbox"/> CYCLE 5 onwards:	
durvalumab 20 mg/kg x _____ kg = _____ mg (max. 1500 mg) every 4 weeks IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter	
STANDING ORDER FOR ETOPOSIDE TOXICITY: hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo x 3 days for cycles 1 to 4. <input type="checkbox"/> Return in three weeks for Doctor and Cycle 5 . Book chemo on day 1 for cycle 5 onwards. <input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo on day 1. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each cycle If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> Chest X-ray <input type="checkbox"/> serum hCG or <input type="checkbox"/> urine hCG – required for woman of child bearing potential <input type="checkbox"/> Free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> calcium <input type="checkbox"/> Glucose <input type="checkbox"/> Weekly nursing assessment <input type="checkbox"/> Other consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: