DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: ____________________________

To be given: ____________________________

Cycle/Week #: ____________________________

Date of Previous Cycle: ____________________________

☐ Delay treatment _____ week(s)

☐ CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 24 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 CIPlatin)

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 each treatment
- Dexamethasone 8 mg or 12 mg (circle one) prior to each treatment
- Aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3
- Prophylactic atropine 0.3 mg SC
- Other: ____________________________

**Have Hypersensitivity Reaction Tray and Protocol Available**

HYDRATION:

1000 mL NS IV over 1 hour prior to Cisplatin

CHEMOTHERAPY:

- Irinotecan 50 mg/m² x BSA = _______mg

☐ Dose Modification: _______mg/m² x BSA = _______mg

IV in 250 mL D5W over 30 minutes on Day 1 and Day 8

OPTIONAL:

- CIPlatin 75 mg/m²/day x BSA = _______ mg

☐ Dose Modification: _______% = _______ mg/m² x BSA = _______ mg

IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and mannitol 30 g over 1 hour Day 1

OR

- CARBOPlatin AUC 5 (circle one) x (GFR + 25) = _______ mg IV in 250 mL NS over 30 minutes Day 1

DOSE MODIFICATION FOR DAY 8

- Irinotecan 50 mg/m² x BSA = _______mg

☐ Dose Modification: _______mg/m² x BSA = _______mg

IV in 250 mL D5W over 30 minutes

Counsel patient to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO q 2 h until diarrhea free x 12 hours (may take 4 mg PO q 4 h during the night).

- Atropine 0.3 to 0.6 mg SC prn repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.

DOCTOR’S SIGNATURE: ____________________________

SIGNATURE: ____________________________

UC: ____________________________
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<thead>
<tr>
<th>DATE:</th>
<th>RETURN APPOINTMENT ORDERS</th>
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<tbody>
<tr>
<td></td>
<td>☐ Return in _____ weeks for Doctor and Cycle _____. Book chemo Day 1 and 8.</td>
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<tr>
<td></td>
<td>☐ Last Cycle. Return in ________ weeks.</td>
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<tr>
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<td>CBC &amp; Diff, Platelets, Creatinine, Alk Phos, <strong>ALT</strong>, Bili and LDH prior to Day 1</td>
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<tr>
<td></td>
<td>CBC &amp; Diff, Platelets prior to Day 8</td>
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<td></td>
<td>☐ Other tests:</td>
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<td>☐ Consults:</td>
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<td>☐ See general orders sheet for additional requests.</td>
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