

PROTOCOL CODE: LUSCPI

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DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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 day of treatment

May proceed with doses as written if within 24 hours ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$, creatinine clearance greater than or equal to 60 mL/minute (if using CISplatin)

Dose modification for: ☐ Hematology ☐ Other Toxicity: _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

dexamethasone ☐ 8 mg or ☐ 12 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1 and Day 8

AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to each treatment on Day 1 and Day 8
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, and ondansetron 8 mg PO 30 to 60 minutes prior to each treatment on Day 1 and Day 8
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1, and ondansetron 8 mg PO 30 to 60 minutes prior to each treatment on Day 8 only

If additional antiemetic required:

☐ OLANzapine ☐ 2.5 mg or ☐ 5 mg or ☐ 10 mg (select one) PO 30 to 60 minutes prior to treatment

☐ Prophylactic atropine 0.3 mg subcutaneously 30 minutes prior to irinotecan

☐ 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 to 500 mL D5W over 30 minutes to 1 hour on Day 1 and Day 8

OPTIONAL:

☐ CISplatin 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 (select one) x (GFR + 25) = _____ mg IV in 100 to 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 to 500 mL D5W over 30 minutes to 1 hour

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 mg subcutaneously prn. May repeat every 30 min to a maximum dose of 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.

DOCTOR'S SIGNATURE:

SIGNATURE:
UC:



Provincial Health Services Authority

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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.

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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____. Book treatment Day 1 and 8. <input type="checkbox"/> Last Cycle. Return in _____ weeks.	
CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin and LDH prior to Day 1 CBC & Diff on Day 8 <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: