



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: LUSCPI

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, 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 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 if giving CISplatin
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 if giving CISplatin
ondansetron 8 mg PO 30 to 60 minutes prior to each treatment on Day 8 only |

- 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 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 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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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____. Book chemo Day 1 and 8. <input type="checkbox"/> Last Cycle. Return in _____ weeks.	
CBC & Diff, Platelets, Creatinine, Alk Phos, ALT, Bili and LDH prior to Day 1 CBC & Diff, Platelets prior to 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: