DOCTOR’S ORDERS

Ht____________cm  Wt___________kg  BSA____________m²

REMINDER: Please ensure drug allergies are documented on the Allergy & Alert Form

DATE:                                                       To be given:                                                Cycle #:

Date of Previous Cycle:

☐ Delay treatment ______ week(s)
☐ CBC & Diff and platelets, bilirubin, creatinine day 1 of treatment

Dose modification for:  ☐ Hematology  ☐ Other Toxicity ________________________________

Proceed with treatment based on blood work from ______________________________________

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

☐ Other

** Have Hypersensitivity Reaction Tray and Protocol Available**

TREATMENT: Week 1 and 2 ONLY:

☐ cycloSPORINE 3 mg/kg x Wt = _____________ mg PO BID (round to the nearest 25 mg)
  Mitte: ____________ capsules

dexamethasone 10 mg/m² x BSA = _____________ mg PO daily (round to the nearest 2 mg)
  Mitte: ____________ tablets

etoposide 150 mg/m² x BSA = _____________ mg
  ☐ Dose Modification: _____________ % = _____________ mg/m² x BSA = _____________ mg
  IV in 500 to 1000 mL (non-DEHP bag) NS over 45 to 90 minutes on Days 1, 4, 8 and 11. (Use non-DEHP tubing with 0.22 micron or smaller in-line filter)

EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE TOXICITY:
hydrocortisone 100 mg IV prn / diphenhydramINE 50 mg IV prn

See page 2

DOCTOR’S SIGNATURE

SIGNATURE
UC:
PROTOCOL CODE: HLHETCSPA  
(Week 1 and 2) (Page 2 of 2)

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### RETURN APPOINTMENT ORDERS

- [ ] Return in **two** weeks for Doctor and week 3. Book chemo on Days 1.
- [ ] Last Cycle. Return in ______ week(s).

### CBC & Diff, platelets, creatinine, bilirubin  weekly  
cycloSPORINE trough levels weekly once cycloSPORINE initiated

- [ ] If clinically indicated: [ ] ALT  [ ] LDH  [ ] ferritin  [ ] CMV DNA levels
- [ ] EBV DNA levels

Week 3: lumbar puncture with CSF analysis (cell count and differential, protein and glucose)

- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

### DOCTOR’S SIGNATURE  

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