



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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

# PROTOCOL CODE: LYGDP

## DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**

DATE: \_\_\_\_\_ To be given: \_\_\_\_\_ Cycle #: \_\_\_\_\_ of \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

Delay treatment \_\_\_\_\_ week(s)

CBC & Diff and platelets day 1 of treatment

**Day 1:** May proceed with doses as written, if within 48 hours ANC greater than or equal to  $1.0 \times 10^9/L$ , Platelets greater than or equal to  $75 \times 10^9/L$ , Creatinine Clearance greater than or equal to 60 mL/min

**Day 8:** May proceed with doses as written, if within 48 hours ANC greater than or equal to  $1.0 \times 10^9/L$ , Platelets greater than or equal to  $75 \times 10^9/L$ ,

For split dose CISplatin only:

**Day 1:** May proceed with doses as written, if within 48 hours ANC greater than or equal to  $1.0 \times 10^9/L$ , platelets greater than or equal to  $75 \times 10^9/L$ , Creatinine Clearance greater than or equal to 45 mL/min

**Day 8:** May proceed with doses as written, if within 48 hours ANC greater than or equal to  $1.0 \times 10^9/L$ , Platelets greater than or equal to  $75 \times 10^9/L$ , Creatinine Clearance greater than or equal to 45 mL/min

Dose modification for:  Hematology  Other Toxicity \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

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

**DAY 1 (and DAY 8 if split dose CISplatin being given)**

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"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment
<input checked="" type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment

**DAY 8 (unless split dose CISplatin being given)**

prochlorperazine 10 mg PO prior to treatment.

Other

**PRE-HYDRATION:** 1000 mL NS IV over 1 hour Day 1 prior to CISplatin (and Day 8 if split dose CISplatin given).

### CHEMOTHERAPY:

dexamethasone 40 mg PO daily in AM on Days 1-4.

gemcitabine 1000 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

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

CISplatin 75 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

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

OR (only split CISplatin day 1 and 8 if creatinine clearance on day 1 less than 60 mL/min)

CISplatin 37.5 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

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

Day 8.

OR

CARBOplatin AUC 5 x (GFR + 25) = \_\_\_\_\_ mg (maximum 800mg)

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

IV in 250 mL NS over 30 minutes on Day 1 only

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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**DATE:**

**DOSE MODIFICATION IF REQUIRED ON DAY 8:**

gemcitabine 1000 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 mL NS over 30 minutes on **Day 8**.

CISplatin 37.5 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 8**.

**RETURN APPOINTMENT ORDERS**

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_. Book chemo on Day 1 and Day 8.

Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, Platelets, Creatinine** prior to each cycle

**CBC & Diff, Platelets** on Day 8

**Creatinine** on Day 8 if Split Dose CISplatin ordered

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

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**SIGNATURE:**

**UC:**