Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

**PROTOCOL CODE: LYGDP**

<table>
<thead>
<tr>
<th>DOCTOR'S ORDERS</th>
<th>Ht________ cm  Wt________ kg  BSA________ m²</th>
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</thead>
<tbody>
<tr>
<td><strong>REMINDER:</strong> Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</td>
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<tr>
<td><strong>DATE:</strong> To be given: Cycle #:_________ of_________</td>
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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 x 10⁹/L, **Platelets greater than or equal to** 50 x 10⁹/L, **Creatinine Clearance greater than or equal to** 60 mL/min

For Split Dose CISplatin Only:
- Day 1: May proceed with doses as written, if within 48 hours **ANC greater than or equal to** 1 x 10⁹/L, **platelets greater than or equal to** 50 x 10⁹/L, **Creatinine Clearance greater than or equal to** 45 mL/min
- Day 8: May proceed with doses as written, if within 48 hours **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)**
- ondansetron 8 mg PO prior to treatment
- dexamethasone 8 mg or 12 mg PO (circle one) prior to treatment
- aprepitant 125 mg PO 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 (and Day 8 if Split Dose CISplatin given).

**CHEMOTHERAPY:**
- dexamethasone 40 mg PO daily in AM with food on Days 1-4.
- gemcitabine 1000 mg/m² x BSA = ___________ mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8.
- CISplatin 75 mg/m² x BSA =_________ mg
  - Dose Modification: _______% = _______ mg/m² 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/m² x BSA =_________ mg
  - Dose Modification: _______% = _______ mg/m² 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.

**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
- Creatinine on Day 8 if Split Dose CISplatin ordered
- Other tests:
- Consults:
- See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**