PROTOCOL CODE: LYGDP

DOCTOR'S ORDERS

Ht_____cm Wt_____kg BSA_____m^2

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** day 1 of treatment

Day 1: May proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 75 x 10^9/L, creatinine clearance greater than or equal to 60 mL/minute (if using CISplatin).**

Day 8: May proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 75 x 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 x 10^9/L, platelets greater than or equal to 75 x 10^9/L, creatinine clearance greater than or equal to 45 mL/minute.**

Day 8: May proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 75 x 10^9/L, creatinine clearance greater than or equal to 45 mL/minute.**

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:	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to treatment, and **ondansetron 8 mg** PO 30 to 60 minutes prior to treatment
	☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to treatment
	☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to treatment

If additional antiemetic required:
☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) 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 prior to CISplatin on Day 1 (and Day 8 if split dose CISplatin given)

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

PROTOCOL CODE: LYGDP

DOCTOR'S ORDERS

DATE:

CHEMOTHERAPY:

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

gemcitabine 1000 mg/m² x BSA = _____mg
☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg
IV in 250 mL NS over 30 minutes on **Day 1 and 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 8**.

OR

CARBOplatin AUC 5 x (GFR + 25) = _____ mg (maximum 800mg)
☐ Dose Modification: _____% = _____ mg
IV in 100 to 250 mL NS over 30 minutes on **Day 1 only**

DOSE MODIFICATION IF REQUIRED ON DAY 8:

gemcitabine 1000 mg/m² x BSA = _____mg
☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg
IV in 250 mL NS over 30 minutes on **Day 8.**

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 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, creatinine prior to each cycle

CBC & Diff on Day 8

Creatinine on Day 8 if split dose CISplatin ordered

If clinically indicated: ☐ **HBV viral load** ☐ **ALT**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: