

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 #: _____ 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 72 hours **ANC greater than or equal to $1.0 \times 10^9/L$, Platelets greater than or equal to $75 \times 10^9/L$**

Day 8: May proceed with doses as written, if within 24 hours **ANC greater than or equal to $1.0 \times 10^9/L$, Platelets greater than or equal to $75 \times 10^9/L$,**

Dose modification for: ☐ Hematology ☐ Other Toxicity _____

Proceed with treatment based on blood work from _____

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

If **prior** infusion reaction: **45 minutes prior to DOXOrubicin pegylated liposomal:**

☐ dexamethasone 20 mg IV in 50 mL NS over 15 minutes

30 minutes prior to DOXOrubicin pegylated liposomal:

☐ diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)

☐ prochlorperazine 10 mg PO or ☐ metoclopramide 10mg PO prior to treatment

☐ Other:

CHEMOTHERAPY:

vinorelbine and gemcitabine lines to be primed with NS; DOXOrubicin pegylated liposomal line to be primed with D5W

vinorelbine 20 mg/m²/day or 15 mg/m²/day (select one) x BSA = _____ mg

☐ Dose Modification: _____ % = _____ mg/m²/day x BSA = _____ mg

IV in 50 mL NS over 6 minutes on **Day 1 and Day 8**. Flush vein with 75 to 125 mL NS following infusion of vinorelbine.

gemcitabine 1000 mg/m² or 800 mg/m² x BSA = _____ mg

☐ Dose Modification: _____ % = _____ mg/m²/day x BSA = _____ mg

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

DOXOrubicin pegylated liposomal 15 mg/m² or 10 mg/m² (select one) x BSA = _____ mg

☐ Dose Modification: _____ mg/m² x BSA = _____ mg

IV in 250 mL D5W over 1 hour* on **Day 1 and Day 8**.

*In Cycle 1, infuse over at least 1 h (maximum 1mg/min). For subsequent doses and no prior reaction, infuse over 1 h.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
DATE:		
<p>DOSE MODIFICATION IF REQUIRED ON DAY 8:</p> <p>vinorelbine 20 mg/m²/day or 15 mg/m²/day (select one) x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m²/day x BSA = _____ mg</p> <p>IV in 50 mL NS over 6 minutes on Day 8. Flush vein with 75 to 125 mL NS following infusion of vinorelbine.</p> <p>gemcitabine 1000 mg/m² or 800mg/m² x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m²/day x BSA = _____ mg</p> <p>IV in 250 mL NS over 30 minutes on Day 8.</p> <p>DOXOrubicin pegylated liposomal 15 mg/m² or 10 mg/m² (select one) x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: _____ mg/m² x BSA = _____ mg</p> <p>IV in 250 mL D5W over 1 hour* on Day 8.</p> <p>*If no prior reaction, infuse over 1 hour.</p>		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo on Day 1 and Day 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<p>CBC & Diff prior to each cycle</p> <p>CBC & Diff on Day 8</p> <p>If clinically indicated: <input type="checkbox"/> bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> ALT <input type="checkbox"/> creatinine <input type="checkbox"/> LDH <input type="checkbox"/> HBV viral load</p> <p><input type="checkbox"/> MUGA or <input type="checkbox"/> echocardiogram</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Consults:</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>		
DOCTOR'S SIGNATURE:		SIGNATURE:
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