



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

**PROTOCOL CODE: LYVIPDRT**

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<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s)					
<input type="checkbox"/> CBC & diff, platelets, creatinine, sodium, potassium, calcium, albumin, magnesium, bilirubin, ALT, LDH on day of treatment					
<b>Cycle 1 Day 1:</b> Proceed with doses as written if ANC <u>greater than or equal</u> to 0.8 x 10 <sup>9</sup> /L, platelets greater than or equal to 80 x 10 <sup>9</sup> /L and serum creatinine within the normal range.					
<b>Cycle 1 Day 8, 15, 22:</b> Proceed with doses as written if within 24 hours ANC <u>greater than or equal</u> to 0.8 x 10 <sup>9</sup> /L, platelets greater than or equal to 80 x 10 <sup>9</sup> /L and serum creatinine within the normal range.					
<b>Cycles 2,3,4:</b> Proceed with doses as written if within 72 hours ANC <u>greater than or equal</u> to 1.5x10 <sup>9</sup> /L, Platelets <u>greater than or equal</u> to 75 x 10 <sup>9</sup> /L, and Creatinine Clearance greater than or equal to 40 mL/min					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____					
<b>Proceed with treatment based on blood work from</b> _____					
<b>CYCLE 1 consists of 4 weekly CISplatin administration with Radiation Therapy as a radiosensitizer</b>					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____					
ondansetron 8 mg PO pre-chemotherapy					
dexamethasone 8 mg PO pre-chemotherapy					
<input type="checkbox"/> Other:					
<b>PRE-HYDRATION:</b> 1000 mL NS with potassium chloride 20 mEq and magnesium sulphate 2 g IV over 1 hour prior to CISplatin					
<b>Cycle 1 CHEMOTHERAPY i.e., weekly CISplatin with Radiation Therapy:</b>					
CISplatin 30 mg/m <sup>2</sup> x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg					
IV in 500 mL NS over 1 hour weekly x 4. To be delivered on the day of Radiation Therapy					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>



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<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>
Cycle 2 and subsequent cycles consists of etoposide, ifosfamide, CISplatin, dexamethasone (VIPD) every 3 weeks for 3 cycles i.e., cycles 2, 3, 4		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN to confirm _____.		
ondansetron 8 mg po 15 min prior to chemo on days 1 to 3 dexamethasone as part of regimen (40 mg daily) prior to chemo on day 1 and in AM on days 2 to 3 <b>(No extra dexamethasone since patient is already on dexamethasone 40 mg daily on days 1 to 4)</b>		
Dipstick for blood prior to chemo daily		
No prehydration prior to CISplatin; fluid volume from the other chemo drugs prior to CISplatin is sufficient.		
<b>CYCLE 2 AND SUBSEQUENT CHEMOTHERAPY i.e., VIPD:</b>		
etoposide 100 mg/m <sup>2</sup> x BSA = _____ mg IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes on days 1 to 3 (use non-DEHP tubing with 0.2 micron in-line filter)		
ifosfamide 1200 mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL D51/2NS over 1 hour on days 1 to 3		
mesna 240 mg/m <sup>2</sup> x BSA = _____ mg IV in 100 mL D5W over 15 minutes on days 1 to 3		
CISplatin 33 mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL NS with potassium chloride 20 mEq and magnesium sulphate 1 g and mannitol 30 g over 1 hour on days 1 to 3		
dexamethasone 40 mg PO daily on days 1 to 4 (BCCA pharmacy to dispense)		
<b>STANDING ORDER FOR ETOPOSIDE TOXICITY:</b>		
hydrocortisone 100 mg IV PRN / diphenhydrAMINE 50 mg IV PRN		
<b>RETURN APPOINTMENT ORDERS</b>		
Return in _____ week(s) for doctor and book chemo for cycle _____ /4.		
CBC & Diff, Platelets, Creatinine prior to Day 8, 15, 22 of Cycle 1		
CBC & Diff, Platelets, Creatinine, sodium, potassium, calcium, albumin, magnesium, Bilirubin, <b>ALT, Alk Phos</b> , LDH prior to Day 1 of each Cycle		
<b>DOCTOR'S SIGNATURE</b>	<b>SIGNATURE:</b>	
	<b>UC:</b>	