



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 and according to acceptable standards of care

PROTOCOL CODE: LYVIPDRT

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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 #:
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s)		
<input type="checkbox"/> CBC & Diff, creatinine, sodium, potassium, calcium, albumin, magnesium, total bilirubin, ALT, LDH on day of treatment		
Cycle 1 Day 1: Proceed with doses as written if ANC <u>greater than or equal to</u> $0.8 \times 10^9/L$, Platelets <u>greater than or equal to</u> $80 \times 10^9/L$ and serum creatinine within the normal range.		
Cycle 1 Day 8, 15, 22: Proceed with doses as written if within 24 hours ANC <u>greater than or equal to</u> $0.8 \times 10^9/L$, Platelets <u>greater than or equal to</u> $80 \times 10^9/L$ and serum creatinine within the normal range.		
Cycles 2,3,4: Proceed with doses as written if within 72 hours ANC <u>greater than or equal to</u> $1.5 \times 10^9/L$, Platelets <u>greater than or equal to</u> $75 \times 10^9/L$, and Creatinine Clearance <u>greater than or equal to</u> 40 mL/min		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____		
Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.		
ondansetron 8 mg PO 30 to 60 minutes prior to each treatment		
dexamethasone 8 mg PO 30 to 60 minutes prior to treatment for cycle 1 (Days 1, 8, 15, 22) only		
For cycles 2 to 4, patient to take therapeutic dexamethasone (as ordered below) prior to treatment on Day 1 and in AM on subsequent days		
<input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide		
<input type="checkbox"/> diphenhydramine 50 mg IV prior to etoposide		
<input type="checkbox"/> Other: _____		
PRE-HYDRATION: Cycle 1 only		
1000 mL NS with potassium chloride 20 mEq and magnesium sulfate 2 g IV over 1 hour prior to CISplatin		
Cycle 1 CHEMOTHERAPY i.e., weekly CISplatin with Radiation Therapy:		
CISplatin $30 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg		
<input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg		
IV in 500 mL NS over 1 hour weekly x 4. To be delivered on the day of Radiation Therapy		
DOCTOR'S SIGNATURE: 		SIGNATURE: UC:

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DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
DATE:	To be given:	Cycle #:
Have Hypersensitivity Reaction Tray and Protocol Available		
CYCLE 2 AND SUBSEQUENT CHEMOTHERAPY i.e., VIPD:		
<p>etoposide 100 mg/m² x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg</p> <p>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)</p> <p>ifosfamide 1200 mg/m² x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg</p> <p>IV in 500 mL D51/2NS over 1 hour on Days 1 to 3</p> <p>mesna 240 mg/m² x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg</p> <p>IV in 100 mL D5W over 15 minutes on Days 1 to 3</p> <p>mesna 480 mg/m² x BSA = _____ mg (Round dose to nearest 10 mg)</p> <p><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg</p> <p>PO 4 and 8 hours after ifosfamide infusion on Days 1 to 3</p> <p>To be taken at home in 1 cup of carbonated beverage over 15 minutes. Pharmacy to prepare 2 doses daily for outpatient use.</p> <p>CISplatin 33 mg/m² x BSA = _____ mg IV in 500 mL NS with potassium chloride 20 mEq and magnesium sulfate 1 g and mannitol 30 g over 1 hour on Days 1 to 3</p> <p>dexamethasone 40 mg PO daily on Days 1 to 4</p>		
RETURN APPOINTMENT ORDERS		
Return in _____ week(s) for doctor and book chemo for cycle _____/4.		
CBC & Diff, creatinine prior to Day 8, 15, 22 of Cycle 1 CBC & Diff, creatinine prior to Day 1 of each Cycle Urine dipstick for blood prior to Days 1, 2, 3 of Cycles 2 to 4 If clinically indicated: <input type="checkbox"/> HBV viral load <input type="checkbox"/> ALT <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults : <input type="checkbox"/> See general order sheet for additional requests.		
DOCTOR'S SIGNATURE		SIGNATURE: UC: