**DOCTOR’S ORDERS**

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<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

Date of Previous Cycle:

- ☐ Delay treatment ______ week(s)

- ☐ CBC & diff, platelets, creatinine, sodium, potassium, calcium, albumin, magnesium, bilirubin, ALT, LDH on day of treatment

**Cycle 1 Day 1:** Proceed with doses as written if ANC **greater than or equal** to 0.8 x 10⁹/L, platelets greater than or equal to 80 x 10⁹/L and serum creatinine within the normal range.

**Cycle 1 Day 8, 15, 22:** Proceed with doses as written if within 24 hours ANC **greater than or equal** to 0.8 x 10⁹/L, platelets greater than or equal to 80 x 10⁹/L and serum creatinine within the normal range.

**Cycles 2, 3, 4:** Proceed with doses as written if within 72 hours ANC **greater than or equal** to 1.5 x 10⁹/L, Platelets **greater than or equal** to 75 x 10⁹/L, and Creatinine Clearance greater than or equal to 40 mL/min

Dose modification for:

- ☐ Hematology
- ☐ Other Toxicity

Proceed with treatment based on blood work from

**CYCLE 1** consists of 4 weekly CIStatin administration with Radiation Therapy as a radiosensitizer

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

- ondansetron 8 mg PO pre-chemotherapy
- dexamethasone 8 mg PO pre-chemotherapy

- ☐ Other:

**PRE-HYDRATION:**

1000 mL NS with potassium chloride 20 mEq and magnesium sulphate 2 g IV over 1 hour prior to CIStatin

**Cycle 1 CHEMOTHERAPY i.e., weekly CIStatin with Radiation Therapy:**

CIStatin 30 mg/m² x BSA = ___________ mg

- ☐ Dose Modification: _______% = _______ mg/m² x 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:**
**PROTOCOL CODE: LYVIPDRT**

- **DATE:** To be given: **Cycle #:**

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Cycle 2 and subsequent cycles consists of etoposide, ifosfamide, CISplatin, dexamethasone (VIPD) every 3 weeks for 3 cycles i.e., cycles 2, 3, 4

**PREMEDICATIONS:** 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**
  
  *(No extra dexamethasone since patient is already on dexamethasone 40 mg daily on days 1 to 4)*

- **Dipstick for blood prior to chemo daily**

**CYCLE 2 AND SUBSEQUENT CHEMOTHERAPY i.e., VIPD:**

- **etoposide** 100 mg/m² x BSA = _____________ mg IV in 500 mL (non-DEHP bag) NS over 1 hour and 30 minutes on days 1 to 3 (use non-DEHP tubing with in-line filter)

- **ifosfamide** 1200 mg/m² x BSA = _____________ mg IV in 500 mL D51/2NS over 1 hour on days 1 to 3

- **mesna** 240 mg/m² x BSA = _____________ mg IV in 100 mL D5W over 15 minutes on days 1 to 3

- **CISplatin** 33 mg/m² 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)

**STANDING ORDER FOR ETOPOSIDE TOXICITY:**

- **hydrocortisone 100 mg IV PRN / diphenhydrAMINE 50 mg IV PRN**

**RETURN APPOINTMENT ORDERS**

- **CBC & Diff, Platelets, Creatinine prior to Day 8, 15, 22 of Cycle 1**

- **CBC & Diff, Platelets, Creatinine, sodium, potassium, calcium, albumin, magnesium, Bilirubin, LFT’s, LDH prior to Day 1 of each Cycle**

**DOCTOR’S SIGNATURE**

**SIGNATURE:**

**UC:**