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: SMMCCPE

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:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 x 10^9/L, Platelets greater than or equal to 100 x 10^9/L, creatinine clearance greater than or equal to 60 mL/minute (if using CISplatin)**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____

Proceed with treatment based on blood work from _____

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

ondansetron 8 mg PO prior to treatment on Days 1 to 3

dexamethasone 8 mg or **12 mg** *(circle one)* PO prior to treatment on Days 1 to 3

☐ **aprepitant 125 mg** PO 30 to 60 minutes prior to treatment on Day 1; then **80 mg** PO daily on Day 2 and 3

If additional antiemetic required:

☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to treatment on Days 1 to 3

☐ **hydrocortisone 100 mg** IV prior to etoposide

☐ **diphenhydrAMINE 50 mg** IV prior to etoposide

☐ **Other:**

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY:

CISplatin 25 mg/m^2/day x BSA = _____ mg

☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg

IV in 100 to 250 mL NS over 30 minutes x **3 days**

OR

CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes **Day 1 only**

etoposide 100 mg/m^2/day x BSA = _____ mg

☐ Dose Modification: _____mg/m^2 x BSA = _____mg

IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes x **3 days** (use non-DEHP tubing with 0.2 micron in-line filter)

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____. Book chemo x 3 days.

☐ Last Cycle. Return in _____ week(s).

CBC & Diff, creatinine prior to each cycle

If clinically indicated: ☐ **total bilirubin**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: