



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: CNCARV

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 #: _____

Date of Previous Cycle: _____

- Delay treatment _____ week(s)
- CBC & Diff, Platelets** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 mL/min and if ordered, ALT less than or equal to 5 x ULN, and bilirubin less than or equal to 25 micromol/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 _____.

- ondansetron 8 mg** PO prior to treatment
- dexamethasone 8 mg or 12 mg** (circle one) PO prior to treatment
- hydrocortisone 100 mg** IV prior to treatment
- diphenhydrAMINE 50 mg** IV prior to treatment
- Other:

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

CHEMOTHERAPY:

CARBOplatin AUC 5 x (GFR + 25) = _____ mg

Dose Modification: _____ % = _____ mg

IV in 250 mL NS over 30 minutes

etoposide 100 mg/m² x BSA = _____ mg

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

IV in 500 mL (use non-DEHP bag) NS over 45 min (use non-DEHP tubing with 0.22 micron or smaller in-line filter)

STANDING ORDER FOR ETOPOSIDE TOXICITY:

hydrocortisone 100 mg IV prn / **diphenhydrAMINE 50 mg** IV prn

RETURN APPOINTMENT ORDERS

- Return in **four** weeks for Doctor and Cycle _____
- Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, prior to each cycle

CBC & Diff, Platelets on Day 14 Day 21

If Clinically indicated:

- Bilirubin ALT
- Electrolytes Calcium Magnesium
- CT head or MRI head every 2nd or 3rd cycle** (circle one)
- Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: