

PROTOCOL CODE: SANAHDMAP (inpatient)
Cycles 1 to 4, Week 1
DOXOrubicin and CISplatin

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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 #: _____ Week 1 |
| Date of Previous Cycle: _____ | | |
| <input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment | | |
| May proceed with DOXOrubicin and CISplatin doses as written if within 48 hours ANC greater than or equal to 0.75 x 10⁹/L , platelets greater than or equal to 75 x 10⁹/L , and creatinine clearance greater than or equal to 60 mL/min | | |
| Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ | | |
| Proceed with treatment based on blood work from _____ | | |
| INPATIENT TREATMENT | | |
| <ul style="list-style-type: none"> Admit to inpatient bed Refer to inpatient ward policies and procedures for additional orders (e.g., routine vital signs, VTE prophylaxis, etc.) | | |
| ON ADMISSION: | | |
| CBC & Diff, sodium, potassium, creatinine, calcium, magnesium, albumin, total bilirubin, alkaline phosphatase, ALT, LDH, GGT prior to Day 1 | | |
| PREMEDICATIONS: | | |
| dexamethasone 8 mg PO (or <input type="checkbox"/> IV) 30 minutes prior to DOXOrubicin on Days 1 and 2, in the evening on Days 1 and 2, and BID on Days 3 and 4 | | |
| aprepitant 125 mg PO 30 minutes prior to DOXOrubicin on Day 1, then aprepitant 80 mg PO once daily on Days 2 and 3 | | |
| ondansetron 8 mg PO (or <input type="checkbox"/> IV) 30 minutes prior to DOXOrubicin on Days 1 and 2, in the evening on Days 1 and 2, and BID on Days 3 and 4 | | |
| OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg (select one) PO 30 minutes prior to DOXOrubicin on Days 1 and 2, and once daily in the evening on Days 3 to 5 | | |
| <input type="checkbox"/> Other: _____ | | |
| SUPPORTIVE CARE MEDICATIONS: | | |
| LORazepam 1 mg SL q4h PRN nausea, sleep or restlessness | | |
| prochlorperazine 10 mg PO q6h PRN nausea | | |
| dimenhyDRINATE 50 mg PO (or <input type="checkbox"/> IV) q4h PRN nausea | | |
| nabilone 1 to 2 mg PO q8h PRN nausea | | |
| filgrastim <input type="checkbox"/> 300 mcg or <input type="checkbox"/> 480 mcg or <input type="checkbox"/> 600 mcg (select one) subcutaneously once daily for 5 days starting on Day 3. Cycle 1 only: filgrastim SC teaching prior to discharge | | |
| <input type="checkbox"/> Other: _____ | | |
| DOCTOR'S SIGNATURE: | | SIGNATURE: |
| | | UC: |

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DATE:
TREATMENT AND HYDRATION:

DOXOrubicin 37.5 mg/m² x BSA = _____ mg

☐ Dose modification: _____ % = _____ mg/m² x BSA = _____ mg

IV push on **Days 1 and 2**
Hydration pre-CISplatin:

D5W-1/2NS 1000 mL with potassium chloride 20 mEq and magnesium sulfate 2 g IV over 3 h.

Prior to beginning CISplatin, urine output must be greater than or equal to 300 mL in 3 h. May repeat prehydration x 1 L to ensure urine output greater than 300 mL in 3 h. If urine output not adequate after 2 L, notify MD.

When urine output adequate, give:

CISplatin 50 mg/m² or ☐ 60 mg/m² (select one) x BSA = _____ mg

☐ Dose modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 1000 mL NS with potassium chloride 10 mEq and mannitol 30 g over 2 h on **Days 1 and 2**
Hydration post-CISplatin:

D5W-1/2NS with potassium chloride 20 mEq/L and magnesium sulfate 2 g/L at 200 mL/h for 12 h. Measure every 3 h input and output while on IV. If output less than 300 mL during a 3 h period, increase IV rate to 300 mL/h for 3 h. If urine output still less than 300 mL in a subsequent 3 h period, give **furosemide** 20 mg IV x 1. If output still not adequate, notify MD. May discontinue IV and discharge after post hydration if urine output adequate and patient not vomiting.

RETURN APPOINTMENT ORDERS
☐ Return in **three** weeks for Doctor and Cycle _____, Week 4 for methotrexate. Admit for Day 1 (plan for 4 day admission)

CBC & Diff, sodium, potassium, creatinine, calcium, magnesium, albumin, total bilirubin, alkaline phosphatase, ALT, LDH, GGT prior to Day 1 of each treatment

☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**
DOCTOR'S SIGNATURE:
SIGNATURE:
UC: