PROTOCOL CODE: GIFUPART

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, platelets, creatinine day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 1.5 x 10^9/L, platelets greater than 100 x 10^9/L, creatinine clearance greater than or equal to 60 mL/minute.**

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

Proceed with treatment based on blood work from _____

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

dexamethasone ☐ **8 mg** or ☐ **12 mg** (select one) PO 30 to 60 minutes prior to CISplatin

AND select **ONE** of the following:	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to CISplatin and **ondansetron 8 mg** PO 30 to 60 minutes prior to CISplatin
	☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to CISplatin

If additional antiemetic required:
☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to CISplatin
☐ **Other:**

PREHYDRATION: NS 1000 mL IV over 1 hour prior to CISplatin

CHEMOTHERAPY: Chemotherapy begins on **Day 1** of each radiotherapy course

CISplatin 60 mg/m^2 x BSA = _____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g over 1 hour on **Day 1, Weeks 1 and 5.**

fluorouracil 1000 mg/m^2/day x BSA = _____mg**/day** for 4 days (total dose = _____ mg over 96 h)
☐ Dose Modification: ____% = _____ mg/m^2/day x BSA =_____ mg/day for 4 days (total dose =_____mg over 96h)
IV in D5W to a total volume of 480 mL by continuous infusion at 5 mL/h via TWO Baxter LV5 infusors (Total dose should be divided equally – each 240 mL over 48 hours) on **Weeks 1 and 5.**

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and book chemo **Cycle #2**, **Week 5** with RT
☒ **Return in 2 days for second fluorouracil infusor**
☐ Return in _____ weeks for Doctor assessment during RT
☐ Last Cycle. Return in _____ week(s)

CBC & Diff, platelets weekly prior to radiation therapy
CBC & Diff, platelets, creatinine, sodium, potassium prior to chemotherapy Weeks 1 and 5.
If clinically indicated: ☐ **total bilirubin** ☐ **alkaline phosphatase** ☐ **GGT** ☐ **ALT** ☐ **CEA**
☐ **SCC** ☐ **INR** weekly ☐ **INR** prior to each cycle ☐ **Other tests:**
☐ **Book for PICC assessment / insertion per Centre process**
☐ **Book for IVAD insertion per Centre process**
☐ **Weekly Nursing Assessment** ☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:
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