



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: HNAVPD

| | | | | |
|--|---------------------|-----------------|-------------------|--------------------------|
| 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: _____ | | | | |
| <input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets, Creatinine 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 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 mL/minute (for CISplatin only) Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____ Proceed with treatment based on blood work from _____ | | | | |
| PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. dexamethasone 8 mg PO bid for 3 days starting one day prior to each administration of DOCEtaxel A minimum of 3 doses of dexamethasone pre-treatment are required ondansetron 8 mg PO 30 to 60 minutes prior to treatment aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin <input type="checkbox"/> Frozen gloves starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing. | | | | |
| HYDRATION: Prehydrate with NS 1000 mL over 60 minutes <p style="text-align: center;">**Have Hypersensitivity Reaction Tray and Protocol Available**</p> | | | | |
| CHEMOTHERAPY: DOCEtaxel 75 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in NS 250 to 500 mL (non-DEHP bag) over 1 hour (use non-DEHP tubing) CISplatin 75 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in NS 500 mL with potassium chloride 20 mEq, magnesium sulphate 1 g, mannitol 30 g over 1 hour OR CARBOplatin AUC <input type="checkbox"/> 5 or <input type="checkbox"/> 6 (select one) x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1 | | | | |
| RETURN APPOINTMENT ORDERS | | | | |
| <input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s). | | | | |
| CBC & Diff, Platelets, Serum Creatinine prior to each cycle Prior to Cycle 4 and if clinically indicated: <input type="checkbox"/> ALT <input type="checkbox"/> Bili <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> albumin <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests. | | | | |
| DOCTOR'S SIGNATURE: | | | SIGNATURE: | |
| | | | UC: | |