



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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: LUOTPAC**

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>						
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>										
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>								
Date of Previous Cycle: _____										
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 60 mL/min.</b>										
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____										
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>dexamethasone 8 mg or 12 mg</b> (circle one) PO 30 to 60 minutes prior to treatment and <b>select ONE</b> of the following:										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="padding: 2px;"> <b>aprepitant 125 mg PO 30 to 60 minutes prior to treatment</b>  <b>ondansetron 8 mg PO 30 to 60 minutes prior to treatment</b> </td> </tr> <tr> <td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="padding: 2px;"><b>netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment</b></td> </tr> <tr> <td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="padding: 2px;"><b>Other:</b></td> </tr> </table>					<input type="checkbox"/>	<b>aprepitant 125 mg PO 30 to 60 minutes prior to treatment</b> <b>ondansetron 8 mg PO 30 to 60 minutes prior to treatment</b>	<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment</b>	<input type="checkbox"/>	<b>Other:</b>
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<input type="checkbox"/>	<b>Other:</b>									
<b>HYDRATION:</b> 1000 mL NS over 60 minutes prior to CISplatin										
<b>CHEMOTHERAPY:</b>  <b>DOXOrubicin 50 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push (may be given during hydration)										
<b>CISplatin 50 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulfate 1 g, and mannitol 30 g over 1 hour										
<b>cyclophosphamide 500 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour										
<b>RETURN APPOINTMENT ORDERS</b>										
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____										
<input type="checkbox"/> Last Cycle. Return in _____ week(s).										
<b>CBC &amp; Diff, Platelets, Creatinine</b> prior to each cycle										
If clinically indicated: <input type="checkbox"/> <b>Bilirubin</b>										
<input type="checkbox"/> <b>Other tests:</b>										
<input type="checkbox"/> <b>Consults:</b>										
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>										
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>							
			<b>UC:</b>							