



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: GUOTTIP (Inpatient)

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<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>					
DATE:	To be given:	Cycle #:			
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment					
May proceed with doses as written if within 96 hours <b>ANC greater than or equal to <math>1.4 \times 10^9/L</math>, platelets greater than or equal to <math>100 \times 10^9/L</math>, and creatinine clearance greater than 40 mL/min.</b>					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____					
Proceed with treatment based on blood work from _____					
<b>INPATIENT TREATMENT</b>					
<ul style="list-style-type: none"> <li>• Admit to inpatient bed</li> <li>• Routine vital signs q8h starting on <b>Day 1</b></li> <li>• Daily weight - notify MD if weight gain greater than or equal to 4 kg from baseline</li> <li>• Daily Intake/output - notify MD if urine output is less than 100 mL/hour</li> <li>• Record level of consciousness q4h starting on <b>Day 1</b> – notify MD of any changes</li> <li>• Refer to inpatient ward policies and procedures for additional orders (e.g., bowel regimen, VTE prophylaxis, etc.)</li> </ul>					
<b>ON ADMISSION:</b>					
<ul style="list-style-type: none"> <li>• <b>CBC &amp; Diff, creatinine, sodium, potassium, magnesium, phosphate, total bilirubin, ALT, alkaline phosphatase, albumin, random glucose</b> prior to Day 1</li> <li>• Dipstick urine for blood prior to treatment on <b>Days 1 to 3</b> and q8h routinely (If positive, notify MD - see supportive care protocol – SCMESNA)</li> </ul>					
<b>PREMEDICATIONS:</b>					
<b>45 minutes prior to PACLitaxel:</b>					
dexamethasone 20 mg IV in 50 mL NS over 15 minutes.					
<b>30 minutes prior to PACLitaxel:</b>					
diphenhydrAMINE 50 mg IV in 50 mL NS over 15 minutes and famotidine 20 mg IV in 100 mL NS over 15 minutes (Y-site compatible)					
aprepitant 125 mg PO 30 minutes pre-treatment on <b>Day 1</b> and 80 mg PO once daily in the morning on <b>Days 2 and 3</b>					
ondansetron 8 mg PO (or <input type="checkbox"/> IV) 30 minutes pre-treatment on <b>Day 1</b> , then 8 mg q12h regularly					
dexamethasone 4 mg PO (or <input type="checkbox"/> IV) q12h regularly starting evening of <b>Day 1</b>					
<input type="checkbox"/> Other:					
<b>SUPPORTIVE CARE MEDICATIONS:</b>					
<input type="checkbox"/> LORazepam 1 mg SL q4h PRN nausea, sleep or restlessness					
<input type="checkbox"/> prochlorperazine 10 mg PO q6h PRN nausea					
<input type="checkbox"/> nabilone 1 to 2 mg PO q8h PRN nausea					
<input type="checkbox"/> Other:					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>



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**DATE:**

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

## TREATMENT AND HYDRATION:

### Day 1:

0 h to 3 h:

**PACLitaxel 175 mg/m<sup>2</sup>** or \_\_\_\_\_ **mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 to 500 mL NS (use non-DEHP bag) over 3 hours

(Use non-DEHP tubing with 0.2 micron in-line filter)

3 h to 3 h 30 min:

**CISplatin 25 mg/m<sup>2</sup>/day** x BSA = \_\_\_\_\_ mg

Dose modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup>/day x BSA = \_\_\_\_\_ mg

IV in 100 to 250 mL NS over 30 minutes

3 h 30 min to 3 h 45 min:

**mesna 400 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 100 mL NS over 15 minutes

3 h 45 min to 5 h 45 min:

**ifosfamide 1200 mg/m<sup>2</sup>/day** x BSA = \_\_\_\_\_ mg

Dose modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup>/day x BSA = \_\_\_\_\_ mg

IV in 500 mL D5-1/2NS over 2 hours

5 h 45 min to 12 h 15 min:

#### Hydration post-ifosfamide:

D5-1/2NS IV at 250 mL/h until post-ifosfamide mesna doses have been administered

8 h and 12 h:

**mesna 200 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 100 mL NS over 15 minutes, at both 4 and 8 hours after each dose of ifosfamide

12 h 15 min:

#### Post-hydration:

Continue D5-1/2NS IV at 150 mL/h for 8 hours

Discontinue IV fluids and cap access

Allow out on pass

**\*\*\*See next page for treatment on Days 2 and 3\*\*\***

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

**PROTOCOL CODE: GUOTTIP (Inpatient)**

<b>DATE:</b>	
<b>TREATMENT: (Continued)</b>	
<b>Days 2 and 3:</b>	
0 h to 0 h 30 min:	<p><b>CISplatin</b> 25 mg/m<sup>2</sup>/day x BSA _____ mg</p> <p><input type="checkbox"/> Dose modification: _____ % = _____ mg/m<sup>2</sup>/day x BSA = _____ mg</p> <p>IV in 100 to 250 mL NS over 30 minutes</p>
0 h 30 min to 0 h 45 min:	<p><b>mesna</b> 400 mg/m<sup>2</sup> x BSA = _____ mg</p> <p><input type="checkbox"/> Dose modification: _____ % = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p>IV in 100 mL NS over 15 minutes</p>
0 h 45 min to 2 h 45 min:	<p><b>ifosfamide</b> 1200 mg/m<sup>2</sup>/day x BSA = _____ mg</p> <p><input type="checkbox"/> Dose modification: _____ % = _____ mg/m<sup>2</sup>/day x BSA = _____ mg</p> <p>IV in 500 mL D5-1/2NS over 2 hours</p>
2 h 45 min to 9 h 15 min:	<p><b>Hydration post-ifosfamide:</b></p> <p>D5-1/2NS IV at 250 mL/h until post-ifosfamide mesna doses have been administered</p>
5 h and 9 h:	<p><b>mesna</b> 200 mg/m<sup>2</sup> x BSA = _____ mg</p> <p><input type="checkbox"/> Dose modification: _____ % = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p>IV in 100 mL NS over 15 minutes, at both 4 and 8 hours after each dose of ifosfamide</p>
9 h 15 min:	<p><b>Post-hydration:</b></p> <p><input type="checkbox"/> Continue D5-1/2NS IV at 150 mL/h for 8 hours</p> <p><input type="checkbox"/> Discontinue IV fluids and cap access</p> <p><input type="checkbox"/> Allow out on pass</p>
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Admit in 3 weeks for Cycle _____.	
<input type="checkbox"/> Book filgrastim (G-CSF) subcutaneous teaching and first dose on Cycle ____ Day ____	
<input type="checkbox"/> Last cycle. Return in _____ week(s).	
<p><b>CBC &amp; Diff, creatinine, sodium, potassium, magnesium, phosphate, total bilirubin, ALT, alkaline phosphatase, albumin, random glucose</b> prior to Day 1 of each cycle</p>	
<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>