



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: GOBEP

Page 1 of 1

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: _____ **To be given:** _____ **Cycle #:** _____

Date of Previous Cycle: _____

May proceed with Day 5 etoposide if **ANC greater than or equal to 1.0 x 10⁹/L**

NO TREATMENT DELAY FOR DAY 1 BLOOD WORK.

Dose modification for: **Other Toxicity** _____

Proceed with treatment based on blood work from _____

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

ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Days 1 to 5

dexamethasone **8 mg** or **12 mg** (select one) PO 30 to 60 minutes prior to treatment on **Day 1**; then

dexamethasone 4 mg PO BID on Days 2 to 5

aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1; then **80 mg PO daily on Day 2 and 3**

continue aprepitant 80 mg PO once daily up to and including **Day _____** or **Day 7** (select one)

hydrocortisone 100 mg IV in 50 to 100 mL NS over 15 minutes pre-bleomycin on Day 2, 9, and 16.

hydrocortisone 100 mg IV prior to treatment (Days 1 to 5)

diphenhydrAMINE 50 mg IV prior to treatment (Days 1 to 5)

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

PRE-HYDRATION: 1000 mL NS with 20 mmol potassium chloride and 2 g magnesium sulfate IV over **60 minutes** prior to CISplatin on Days 1 to 5.

TREATMENT:

CISplatin 20 mg/m²/day x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m²/day x BSA = _____ mg

IV in 100 mL NS over 30 minutes on Days 1 to 5

etoposide 100 mg/m²/day x BSA = _____ mg

Dose Modification: _____ mg/m²/day x BSA = _____ mg

IV in 250 to 1000 mL NS (non-DEHP bag) over 45 to **90 minutes** (use non-DEHP tubing with 0.2 micron in-line filter) on Days 1 to 5

bleomycin _____ units (dose is 30 units*) IV in 50 mL NS over 10 minutes on Day 2, 9 and 16.

*bleomycin dose will need to be filled in with suggested dosing. Any dose modifications can result in inferior outcomes.

POST-HYDRATION:

500 mL NS IV over **30 to 60 minutes** on Days 1 to 5

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____. Book **treatment** Days 1 to 5.

Book **treatment** for Days 9 and 16 if bleomycin is ordered.

Book filgrastim (G-CSF) subcutaneous teaching and first dose on Cycle ____ Day ____

Last Cycle. Return in _____ week(s).

CBC & Diff, creatinine, magnesium, LDH, AFP, beta hCG tumour marker, prior to each cycle.

CBC & Diff on Day 5 if ANC on day 1 less than 1.0 x 10⁹/L

Creatinine on Day 5 if Creatinine on Day 1 greater than ULN

Creatinine on Days 9 and 16 if patient receiving bleomycin

Day 12 nadir **CBC & Diff**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

RN:

UC: