



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: GOCISP

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 day of treatment May proceed with doses as written if within 72 hours ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, creatinine clearance greater than or equal to 60 mL/min. 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 _____.				
45 minutes prior to PACLitaxel: dexamethasone 20 mg IV in 50 mL NS over 15 minutes.				
30 minutes prior to PACLitaxel: diphenhydRAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)				
Select ONE of the following:				
<input type="checkbox"/> aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin <input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin				
<input type="checkbox"/> netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CISplatin				
<input type="checkbox"/> Other:				
Have Hypersensitivity Reaction Tray and Protocol Available				
HYDRATION: Prehydrate with 1000 mL NS IV over 60 minutes prior to CISplatin.				
TREATMENT:				
PACLitaxel 175 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use non DEHP tubing with 0.2 micron in-line filter)				
CISplatin <input type="checkbox"/> 75 mg/m²/day OR <input type="checkbox"/> _____ mg/m²/day (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² /day x BSA = _____ mg IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g, over 1 hour				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____, book chemo Day 1. <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle Prior to next cycle, if clinically indicated: <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> magnesium <input type="checkbox"/> calcium <input type="checkbox"/> LDH <input type="checkbox"/> GGT <input type="checkbox"/> CA 125 <input type="checkbox"/> CA15-3 <input type="checkbox"/> CA19-9 <input type="checkbox"/> CEA <input type="checkbox"/> SCC <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: