



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: GOEP**

<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: _____				
May proceed with Day 5 etoposide if <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L</b>				
<b>NO TREATMENT DELAY FOR DAY 1 BLOOD WORK.</b>				
Dose modification for: <input type="checkbox"/> <b>Other Toxicity</b> _____				
Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> 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 <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment on Days 1 to 5, and at hour 8 daily				
aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, then 80 mg PO daily on Day 2 and 3				
<input type="checkbox"/> continue aprepitant 80 mg PO once daily up to and including <input type="checkbox"/> Day _____ or <input type="checkbox"/> Day 7 (select one)				
<input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide				
<input type="checkbox"/> diphenhydramine 50 mg IV prior to etoposide				
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>				
<b>TREATMENT:</b>				
CISplatin 20 mg/m <sup>2</sup> /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg				
IV in 100 mL NS over 30 minutes on Days 1 to 5				
etoposide 100 mg/m <sup>2</sup> /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /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				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book <b>treatment Days 1 to 5.</b>				
<input type="checkbox"/> Book filgrastim (G-CSF) subcutaneous teaching and first dose on Cycle ____ Day _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, sodium, potassium, creatinine, magnesium</b> prior to each cycle.				
<b>If clinically Indicated:</b>				
<input type="checkbox"/> LDH <input type="checkbox"/> AFP <input type="checkbox"/> beta hCG tumour marker				
<input type="checkbox"/> CBC & Diff on Day 5 (all cycle except cycle 1) if ANC on Day 1 less than 1.0 x 10 <sup>9</sup> /L				
<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>