

PROTOCOL CODE: GOTDEMACO

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: _____					
On admission (Day 1): CBC & Diff, creatinine, sodium, potassium, alkaline phosphatase, ALT, GGT, LDH, total bilirubin, beta hCG tumour marker.					
On Day 8 (as outpatient): CBC & Diff, creatinine					
Day 1: May proceed with doses as written if within 24 hours ANC greater than or equal to 1.0 x 10⁹/L and platelets greater than or equal to 75 x 10⁹/L, and creatinine clearance greater than or equal to 60 mL/min.					
Day 8: May proceed with treatment without lab results.					
Dose modification for: <input type="checkbox"/> Toxicity _____					
Proceed with treatment based on bloodwork from: _____					
PREMEDICATIONS:					
DAY 1					
ondansetron 8 mg PO prior to treatment on Day 1, then continue q12h x 6 doses total.					
dexamethasone 8 mg PO prior to treatment on Day 1, then 4 mg PO q12h x 5 doses.					
DAY 8					
ondansetron 8 mg PO prior to treatment on Day 8, then continue q12h x 4 doses total.					
dexamethasone 8 mg PO prior to treatment on Day 8, then 4 mg PO q12h x 3 doses.					
<input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide					
<input type="checkbox"/> diphenhydramine 50 mg IV prior to etoposide					
Have Hypersensitivity Reaction Tray and Protocol Available					
TREATMENT:					
DAY 1					
DACTINomycin _____ mg IV push (<i>usual dose 0.5 mg</i>)					
etoposide 100 mg/m² x BSA = _____ mg IV in 250 to 1000 mL NS over 45 minutes to 90 minutes. (Use non-DEHP bag and tubing with 0.2 micron in-line filter)					
methotrexate 300 mg/m² x BSA = _____ mg IV in 250 to 500 mL NS over 12 hours.					
DAY 2					
DACTINomycin _____ mg IV push (<i>usual dose 0.5 mg</i>)					
etoposide 100 mg/m² x BSA = _____ mg IV in 250 to 1000 mL NS over 45 minutes to 90 minutes. (Use non-DEHP bag and tubing with 0.2 micron in-line filter)					
leucovorin (folinic acid) 15 mg PO q12h x 4 doses, beginning 24 hours after start of Day 1 methotrexate.					
Dose modification if required:					
<input type="checkbox"/> OMIT etoposide IV. Give etoposide 50 mg PO daily on Days 1 to 7.					
POST HYDRATION:					
1000 mL D5W-1/2NS with 20 mmol potassium chloride and 100 mmol sodium bicarbonate/L at 200 mL/h IV for 20 hours after the end of the methotrexate infusion. Hydration infusion may be interrupted for administration of Day 2 treatment .					
Treatment continued on Page 2					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:

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DATE:		
TREATMENT continued:		
<u>DAY 8</u>		
vinCRISTine 0.8 mg/m ² x BSA = _____ mg IV in 25 to 50 mL NS over 10 minutes.		
cyclophosphamide 600 mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 30 minutes.		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in two weeks (inpatient bed) for Cycle _____ (2-day admission) Book Day 8 treatment as outpatient (ACCU) <input type="checkbox"/> Last Cycle. Return in _____ week(s) for Doctor.		
CBC & Diff, creatinine on Day 8. On next admission (Day 1): CBC & Diff, creatinine, sodium, potassium, alkaline phosphatase, ALT, GGT, LDH, total bilirubin, beta hCG tumour marker <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:	SIGNATURE:	
	UC:	

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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form			
DATE:		Cycle #:	
Day 1 of GOTDEMACO treatment =			
<p><u>OUTPATIENT (DISCHARGE) PRESCRIPTION FOR BC Cancer BENEFIT MEDICATION</u></p> <p>(Fill at BC Cancer Outpatient Dispensary)</p> <p>Note – Medication orders below should still also be listed on the Discharge Medication Reconciliation form</p> <p>leucovorin (folinic acid) 15 mg PO q12h x 4 doses, beginning 24 hours after start of methotrexate infusion.</p> <p>RN or Pharmacist to instruct patient on exact dosing times.</p>			
DOCTOR'S SIGNATURE			Signatures UC: RN: