



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: GUEDPM

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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 and Diff, Platelets 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 75 x 10⁹/L, bilirubin less than 85, serum creatinine less than 185 micromol/L 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 _____. dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 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 and select ONE of the following:			
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1; then 80 mg PO daily on Day 2 and 3 ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Days 1 to 3		
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1		
<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			
PRE-HYDRATION: 1000 mL NS with 20 mEq potassium chloride and 2 g magnesium sulfate over 1 hour prior to CISplatin			
CHEMOTHERAPY: (Note – continued over 2 pages) DOXOrubicin 40 mg/m² = _____ mg IV Day 1 <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV push etoposide 100 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 250 to 1000 mL (non-DEHP bag) NS over 45 min to 1 hour 30 min Days 1 to 3 (use non-DEHP tubing with 0.2 micron in-line filter) CISplatin 40 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 100 mL to 250 mL NS over 30 minutes Days 1 and 2			
*** SEE PAGE 2 FOR MITOTANE, POST-HYDRATION AND STANDING ORDERS ***			
DOCTOR'S SIGNATURE:			SIGNATURE:
			UC:



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DATE:

CHEMOTHERAPY: (Continued)

mitotane Starting dose is ____mg (standard dose 500 mg) PO four times daily x ____weeks,

then ____mg PO in the morning, ____mg PO at noon, ____mg PO in the evening, ____mg PO at night x ____weeks,

then ____mg PO in the morning, ____mg PO at noon, ____mg PO in the evening, ____mg PO at night x ____weeks

(escalate dose once every 1 to 2 weeks to maximum tolerated dose, usually about 3 grams per day)

Mitte: _____ weeks supply

cortisone acetate 25 mg PO every morning and 12.5 mg PO every evening (**OMIT if serum cortisol elevated**)

Mitte _____ weeks supply

fludrocortisone acetate 0.1 mg PO every morning (**OMIT if serum cortisol elevated**)

Mitte _____ weeks supply

POST-HYDRATION: 500 mL NS over 30 minutes to 1 hour post chemotherapy on Days 1 and 2

STANDING ORDER FOR ETOPOSIDE TOXICITY:

hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn

RETURN APPOINTMENT ORDERS

Return in **four** weeks for Doctor and Cycle _____. Book chemo Days 1 to 3

Last Cycle. Return in _____ week(s).

CBC & diff, platelet, sodium, potassium, creatinine, calcium, magnesium, ALT, alk phos, bilirubin, random glucose before each cycle

See general orders sheet for additional requests including cortisol, DHEA, 24-hour urine.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: