



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: HNLADCF**

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<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: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets, Creatinine, ALT, Alkaline Phosphatase</b> day of treatment					
May proceed with doses as written if within 24 hours <b>ANC greater than or equal to <math>1.5 \times 10^9/L</math>, Platelets greater than or equal to <math>100 \times 10^9/L</math>, Creatinine Clearance greater than or equal to 60 mL/minute, Alk Phos less than 2.5 x ULN, and AST or ALT less than 1.5 x ULN</b>					
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <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 _____. <b>dexamethasone 8 mg</b> PO bid for 3 days starting one day prior to treatment <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment <b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to treatment <b>filgrastim 5 mcg/kg/day daily SC</b> (rounded to nearest vial size: 300 mcg or 480 mcg) <b>highly recommended.</b> Start <b>day 5</b> after chemo & treat through post-nadir ANC recovery (7 days) <b>Optional: Frozen gloves</b> starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing. <input type="checkbox"/> <b>Other:</b> _____					
<b>PRE-HYDRATION:</b> 1000 mL NS over 1 hour pre-CISplatin					
<b>CHEMOTHERAPY:</b> <b>DOCEtaxel 75 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in NS 250 to 500 mL (non-DEHP bag) over 1 hour (use non-DEHP tubing)  <b>CISplatin 75 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in NS 500 mL with potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g over one hour  <b>fluorouracil 750 mg/m<sup>2</sup>/day</b> x BSA = _____ mg/day for 5 days (total dose = _____ mg over 120 h) <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg/day for 5 days (total dose = _____ mg over 120 h) IV in D5W to a total volume of 240 mL by continuous infusion at 2 mL/h via Baxter LV2 infusor					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>



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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<b>CBC &amp; Diff, Platelets, Serum Creatinine, ALT, Alk Phos</b> prior to each cycle <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Book for PICC assessment/insertion per Centre process</b> <input type="checkbox"/> <b>Book for IVAD insertion per Centre process</b> <input type="checkbox"/> <b>Weekly PICC dressing change and assessment for infection or thrombosis during chemo appointment</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>