

**PROTOCOL CODE: LULAPE2RT**

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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>		<b>of 2 (max 2)</b>
Date of Previous Cycle: _____						
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 60 mL/minute (if using cisplatin)</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____						
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>ondansetron 8 mg PO 30 to 60 minutes</b> prior to treatment on Days 1 to 5 and Day 8 (CISplatin) <b>dexamethasone</b> <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> ( <i>select one</i> ) PO prior to treatment on Days 1 to 5 and Day 8 (CISplatin) <b>aprepitant 125 mg PO 30 to 60 minutes</b> prior to treatment on Day 1 and 8; then <b>80 mg PO</b> daily on Days 2 and 3 If additional antiemetic required: <input type="checkbox"/> <b>OLANzapine</b> <input type="checkbox"/> <b>2.5 mg</b> or <input type="checkbox"/> <b>5 mg</b> or <input type="checkbox"/> <b>10 mg</b> (select one) PO 30 to 60 minutes prior to treatment <input type="checkbox"/> <b>hydrocortisone 100 mg IV</b> prior to etoposide <input type="checkbox"/> <b>diphenhydrAMINE 50 mg IV</b> prior to etoposide <input type="checkbox"/> <b>Other:</b> _____						
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>						
<b>HYDRATION:</b> 1000 mL NS over 1 hour prior to CISplatin Day 1 and Day 8						
<b>CHEMOTHERAPY:</b> <b>CISplatin 50 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulphate 1 g and mannitol 30 g over 1 hour on <b>Day 1 and Day 8</b> <b>OR</b> <b>CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV</b> in 100 to 250 mL NS over 30 minutes on <b>Day 1 only</b> <b>etoposide 50 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 45 minutes on <b>Days 1 to 5</b> (use non-DEHP tubing with 0.2 micron in-line filter)						
<b>STANDING ORDER FOR ETOPOSIDE TOXICITY:</b> <b>hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn</b>						
<b>RETURN APPOINTMENT ORDERS</b>						
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____. Book chemo for Days 1 to 5 and Day 8 <input type="checkbox"/> Last Cycle. Return in _____ week(s).						
<b>CBC &amp; Diff, Platelets, Creatinine, Bilirubin</b> prior to each cycle. <b>Creatinine</b> on Day 8. If clinically indicated: <input type="checkbox"/> <b>Bilirubin</b> <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>	