



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 and according to acceptable standards of care

PROTOCOL CODE: GOOVETO

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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 & Diff, platelets day of treatment May proceed with doses as written if within 96 hours ANC <u>greater than or equal to</u> 1.0 x 10⁹/L, Platelets <u>greater than or equal to</u> 100 x 10⁹/L Repeat CBC & Diff, platelets on _____. Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS:				
dimenhyDRINATE 50 mg to 100 mg PO prior to treatment if nausea <input type="checkbox"/> dexamethasone 8 mg PO 30 to 60 minutes prior to treatment For previous etoposide reaction: <input type="checkbox"/> hydrocortisone 100 mg IV prior to IV treatment (Days 1 to 5) <input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to IV treatment (Days 1 to 5) <input type="checkbox"/> Other: _____				
CHEMOTHERAPY:				
<input type="checkbox"/> If NO previous Neutropenia: etoposide 50 mg PO BID x 10 days <input type="checkbox"/> If previous Neutropenia or age <u>greater than or equal to</u> 70: etoposide 50 mg PO BID alternating with 50 mg PO once daily x 10 days <input type="checkbox"/> If unable to tolerate oral route: <input type="checkbox"/> etoposide 100 mg (usual dose) IV in 250 mL NS (non-DEHP bag) over 45 minutes daily (use non-DEHP tubing with in-line filter) x 5 days <input type="checkbox"/> etoposide 80 mg (modified dose) IV in 250 mL NS (non-DEHP bag) over 45 minutes daily (use non-DEHP tubing with in-line filter) x 5 days				
STANDING ORDER FOR IV ETOPOSIDE HYPERSENSITIVITY REACTION:				
hydrocortisone 100 mg IV prn / diphenhydramine 50 mg IV prn.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo (if IV route) Day 1 through Day 5. <input type="checkbox"/> Last Cycle. Return in _____ weeks.				
CBC & Diff, Platelets prior to each cycle <input type="checkbox"/> Cycle 1 or if Dose Modification: CBC & Diff, Platelets on Day 8 and 15 Prior to next cycle, if clinically indicated: <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CEA <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	