

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 <u>www.bccancer.bc.ca</u> and according to acceptable standards of care

PROTOCOL CODE: GOSCPERT

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DOCTOR	'S ORDERS	Ht	cm Wt_	kg	BSA	m²	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form							
DATE:		To be given:			Cycle #:		
Date of Previous Cycle:							
Delay treatment week(s)							
CBC & Diff, platelets day of treatment							
May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10 ⁹ /L, platelets greater than or equal to 100 x 10 ⁹ /L, platelets greater than or equal to 60 mL (minute (if using CISplatin))							
or equal to 100 x 10 ⁹ /L, creatinine clearance greater than or equal to 60 mL/minute (if using CISplatin). Dose modification for:							
Proceed with treatment based on blood work from							
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm							
dexamethasone 🗌 8 mg or 🗌 12 mg (select one) PO 30 to 60 minutes prior to treatment on Days 1 to 3							
AND select ONE of the following:		ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Days 1 to 3					
	anrenitant 125	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, then 80 mg PO daily on					
		Days 2 and 3 and					
	ondansetron 8	ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Days 1 to 3					
	netupitant-pal	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1 only					
If additional antiemetic required:							
OLANZapine 2.5 mg or 5 mg or 10 mg (select one) PO 30 to 60 minutes prior to treatment on Days 1 to 3							
hydrocortisone 100 mg IV prior to etoposide diphenhydrAMINE 50 mg IV prior to etoposide							
Other: **Have Hypersensitivity Reaction Medications and Protocol Available**							
CHEMOTHERAPY:							
CISplatin 25 mg/m²/day x BSA = mg							
Dose Modification:% = mg/m ² x BSA = mg							
IV in 100 to 250 mL NS over 30 minutes on Days 1 to 3							
OR CARBOplatin AUC 5 x (GFR + 25) = mg IV in 100 to 250 mL NS over 30 minutes on Day 1 only							
etoposide 100 mg/m²/day x BSA = mg Dose Modification: % = mg/m² x BSA = mg							
□ Dose Modification:% = mg/m ² x BSA = mg IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes on Days 1 to 3 (use non-DEHP tubing							
with in-line filter)							
STANDING ORDER FOR ETOPOSIDE TOXICITY:							
hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn							
RETURN APPOINTMENT ORDERS							
Return in <u>three</u> or <u>four</u> weeks for Doctor and Cycle Book chemo x 3 days.							
Last Cycle. Return in week(s).							
CBC & Diff, platelets, creatinine prior to each cycle							
If clinically indicated: total bilirubin Other tests: Consults:							
See general orders sheet for additional requests.							
DOCTOR'S SIGNATURE: SIGNATURE:						ATURE:	
					UC:		