

**PROTOCOL CODE: HNAVPC**

<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, serum creatinine, alkaline phosphatase, ALT, bilirubin</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.0 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/min</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>45 minutes prior to PACLitaxel:</b> <b>dexamethasone 20 mg IV</b> in NS 50 mL over 15 minutes <b>30 minutes prior to PACLitaxel:</b> <b>diphenhydramine 50 mg IV</b> in NS 50 mL over 15 minutes and <b>famotidine 20 mg IV</b> in NS 100 mL over 15 minutes (Y-site compatible) Select ONE of the following:		
<input type="checkbox"/>	<b>aprepitant 125 mg PO</b> 30 to 60 minutes prior to CISplatin <b>ondansetron 8 mg PO</b> 30 to 60 minutes prior to CISplatin	
<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg PO</b> 30 to 60 minutes prior to CISplatin	
<input type="checkbox"/>	<b>ondansetron 8 mg PO</b> 30 to 60 minutes prior to CISplatin	
<b>OR</b>		
<input type="checkbox"/>	<b>ondansetron 8 mg PO</b> 30 to 60 minutes prior to CARBOplatin	
<input type="checkbox"/>	<b>Other:</b>	
<b>**Have Hypersensitivity Reaction Tray &amp; Protocol Available**</b>		
<b>HYDRATION:</b>		
1000 mL NS over 1 hour prior to CISplatin		
<b>CHEMOTHERAPY:</b>		
<b>PACLitaxel 175 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in <b>250 to 500 mL</b> (non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter)		
<b>CISplatin 75 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL NS with potassium chloride 20mEq, magnesium sulphate 1 g, 30 g mannitol over 1 hour <input type="checkbox"/> Add 1 L NS IV hydration over 1 hour		
<b>OR</b>		
<b>CARBOplatin AUC</b> <input type="checkbox"/> <b>5</b> or <input type="checkbox"/> <b>6</b> (select one) x (GFR + 25) = _____ mg IV in <b>100 to 250 mL</b> NS over 30 minutes		
<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, alkaline phosphatase, ALT, bilirubin</b> prior to each cycle <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>