



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 and according to acceptable standards of care.

PROTOCOL CODE: GUEP

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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: _____				
No treatment delay for Day 1 bloodwork.				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Days 1 to 5				
dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment on Day 1 ; then				
dexamethasone 4 mg PO BID on Days 2 to 5				
aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1 ; then 80 mg PO daily on Day 2 and 3				
<input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide or etoposide phosphate (ETOPOPHOS)				
<input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to etoposide or etoposide phosphate (ETOPOPHOS)				
Have Hypersensitivity Reaction Tray and Protocol Available				
PRE-HYDRATION:				
1000 mL NS with 20 mEq potassium chloride and 2 g magnesium sulfate over 1 hour prior to CISplatin				
CHEMOTHERAPY:				
CISplatin 20 mg/m ² /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 100 mL NS over 30 minutes Days 1 to 5				
etoposide 100 mg/m ² /day x BSA = _____ mg				
<input type="checkbox"/> 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 Days 1 to 5 (use non-DEHP tubing with 0.2 micron in-line filter)				
<u>If hypersensitivity to etoposide:</u>				
Omit etoposide. Give etoposide phosphate (ETOPOPHOS)* 100 mg/m ² /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 500 mL NS over 45 min to 1 hour 30 min on Days 1 to 5 .				
* Approval from the Health Canada Special Access Program must be obtained for each patient				
POST-HYDRATION: 500 mL NS over 30 to 60 minutes post chemotherapy on Days 1 to 5				
STANDING ORDER FOR ETOPOSIDE OR ETOPOSIDE PHOSPHATE (ETOPOPHOS) TOXICITY:				
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 Days 1 to 5.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, platelets, creatinine, LDH, AFP, beta hCG tumour marker, magnesium, sodium, potassium, random glucose prior to each cycle				
CBC & Diff, Platelets on Day 5, if ANC on Day 1 less than 1.0 x 10 ⁹ /L				
Creatinine on Day 5, if creatinine on Day 1 greater than upper limit of normal				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: