



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: HNSAVPAC

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, creatinine day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 mL/min. 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 _____. dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment and select ONE of the following:				
<input type="checkbox"/> aprepitant 125 mg PO 30 to 60 minutes prior to treatment <input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to treatment <input type="checkbox"/> netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment <input type="checkbox"/> Other				
HYDRATION: 1000 mL NS over 60 minutes prior to CISplatin				
CHEMOTHERAPY: DOXOrubicin 50 mg/m² x BSA x (_____ %) = _____ mg IV push (may be given during hydration) <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg CISplatin 50 mg/m² x BSA x (_____ %) = _____ mg IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulfate 1 g, and mannitol 30 g over 60 minutes <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg cyclophosphamide 500 mg/m² x BSA x (_____ %) = _____ mg IV in 100 to 250 mL NS over 20 to 60 minutes <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine prior to each cycle If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: