

Doctor's Order Sheet
CISplatin 25 - etoposide 100
 Regimen:
CISplatin - etoposide
 (Part I)

ARIA Protocol Name: Cisp25 Etop100 D1-3
 Adult Chemotherapy- Medical Oncology
 Advanced Small Cell Lung Cancer Therapy



CC1980 0069 04 2020

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

No Known

Date: DD/MONTH/YYYY
 Cycle _____ of _____

Planned Administration Date: DD/MONTH/YYYY

Cycle Duration: 21 days

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** 1.5 X 10⁹/L and platelets **greater than or equal to** 100 X 10⁹/L, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS:

fosaprepitant 150 mg IV in 150 mL normal saline over 30 minutes on day 1

OR

aprepitant 125 mg PO followed by 80 mg PO on days 2 and 3

ondansetron 16 mg PO on days 1 to 3

dexamethasone 12 mg PO on day 1

dexamethasone 8 mg PO on days 2 and 3

Other: _____

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.

Doctor's Order Sheet
CISplatin **25** – etoposide **100**
Regimen:

CISplatin - etoposide
(Part II)

ARIA Protocol Name: Cisp25 Etop100 D1-3
Adult Chemotherapy- Medical Oncology
Advanced Small Cell Lung Cancer Therapy



CC1980 0069 04 2020

Name: _____

HCN: _____

Date of Birth: _____

Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

HYDRATION/SUPPORTIVE CARE:

normal saline **500 mL** IV hydration over 30 minutes pre-CISplatin on days 1 to 3

CHEMOTHERAPY:

CISplatin **25 mg/m²** X BSA = _____ mg IV in 250 mL normal saline
infused at 1 mg/min on days 1 to 3

Dose modification: **25 mg/m²** X BSA - _____ % = _____ mg IV in 250 mL normal saline
infused at 1 mg/min on days 1 to 3

etoposide **100 mg/m²** X BSA = _____ mg IV in 500 mL normal saline (PVC Free bag)
over 45 minutes on days 1 to 3

Dose modification: **100 mg/m²** X BSA - _____ % = _____ mg IV in 500 mL normal saline (PVC Free bag)
over 45 minutes on days 1 to 3

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.