

Doctor's Order Sheet  
**CISplatin 80 - vinorelbine 30**  
 Regimen:  
**CISplatin - vinorelbine**  
 (Part I)

**ARIA Protocol Name:** Cisplatin80Vinorelbine30  
 Adult Chemotherapy- Medical Oncology  
 Adjuvant Non-Small Cell Lung Cancer Therapy



CC1990 0070 04 2020

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Allergies:**

**No Known**

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle \_\_\_\_\_ of \_\_\_\_\_

**Cycle Duration: 21 days**

Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than or equal to**  $1.5 \times 10^9/L$  and platelets **greater than or equal to**  $100 \times 10^9/L$ , 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 day 1

dexamethasone 12 mg PO on day 1

metoclopramide 10 mg PO on days 8 and 15

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 80 - vinorelbine 30**  
 Regimen:  
**CISplatin - vinorelbine**  
 (Part II)

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**ARIA Protocol Name:** Cisplatin80Vinorelbine30  
 Adult Chemotherapy- Medical Oncology  
 Adjuvant Non-Small Cell Lung Cancer Therapy



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

**HYDRATION/SUPPORTIVE CARE:**

normal saline 1000 mL IV hydration over 60 minutes pre-CISplatin on day 1

**CHEMOTHERAPY:**

**CISplatin 80 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ mg + **mannitol 25 grams** IV in 500 mL normal saline  
 infused at 1 mg/min on day 1

Dose modification: **80 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg + **mannitol 25 grams** IV in 500 mL  
 normal saline infused at 1 mg/min on day 1

**vinorelbine 30 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ mg IV in 50 mL normal saline  
 over 10 minutes on days 1, 8 and 15

Dose modification: **30 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg IV in 50 mL normal saline  
 over 10 minutes on days 1, 8 and 15

**HYDRATION/SUPPORTIVE CARE:**

**magnesium sulfate 2 grams and potassium chloride 20 mEq** IV in 1000 mL normal saline over 120 minutes post-  
 CISplatin on day 1

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Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

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