DATE TO BEGIN: ______________________ CYCLE: ______________________

REGIMEN/PROTOCOL: ETOPOSIDE + CISPLATIN (EP)

PRIMARY DIAGNOSIS: Small Cell Lung Cancer ☐ Other*: ______________________ CYCLE FREQUENCY: ______________________

*When selecting other diagnosis please provide protocol

ALLERGIES/REACTIONS:

Goal of Chemotherapy: ☐ Curative ☐ Palliative ☐ Neoadjuvant ☐ Adjuvant

MD to indicate which weight to use: ☐ Actual ☐ Ideal ☐ Adjusted

HEIGHT (cm): ACTUAL WEIGHT (kg): IDEAL WEIGHT (kg): ADJUSTED WEIGHT (kg):

and BSA (m²): and BSA (m²): and BSA (m²):

Dosing calculations to be completed by Pharmacist:

<table>
<thead>
<tr>
<th>CHEMOTHERAPY MEDICATION ORDERS</th>
<th>DOSE (mg/m²)</th>
<th>BSA (m²)</th>
<th>DOSE TO BE GIVEN</th>
<th>ROUTE</th>
<th>INFUSE OVER</th>
<th>DATE(S) AND FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>In order of administration:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisplatin</td>
<td>☐ ______mg/m² (Usual dose range 60-80 mg/m²)</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>2 hours</td>
<td>Day 1</td>
</tr>
<tr>
<td>Etoposide</td>
<td>100 mg/m²</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>(1-3 hours**)</td>
<td>Days 1 - 3</td>
</tr>
</tbody>
</table>

** Rate dependent on volume – pharmacist to determine

HYDRATION ORDERS

| BEFORE CHEMOTHERAPY | 0.9% sodium chloride (Normal Saline) 1,000 ml | ☐ Magnesium sulfate _________ g | 500 ml/hour | 2 hours |
| DURING CHEMOTHERAPY |                                            | ☐ Magnesium sulfate _________ g | 500 ml/hour | 2 hours |
| AFTER CHEMOTHERAPY  |                                            | ☐ Magnesium sulfate _________ g | 500 ml/hour | 2 hours |

<table>
<thead>
<tr>
<th>ADDITIVES</th>
<th>RATE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnesium sulfate</td>
<td>500 ml/hour</td>
<td>2 hours</td>
</tr>
<tr>
<td>Magnesium sulfate</td>
<td>500 ml/hour</td>
<td>2 hours</td>
</tr>
</tbody>
</table>

HOLD CHEMOTHERAPY FOR THE FOLLOWING REASONS:

Absolute Neutrophil Count (ANC) Less Than ______________________ (typically less than 1,000)

Platelets Less Than ______________________ (typically less than 100,000)

Other ______________________

Physician Initial: ______________________

PATIENT INFORMATION

PHYSICIAN ORDERS

CHEMOTHERAPY:
ETOPOSIDE + CISPLATIN (EP)
### PHARMACY TO MANAGE ANTIEMETICS

<table>
<thead>
<tr>
<th>ANTIEMETIC ORDERS/DRUG NAME</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ondansetron</td>
<td>24 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 1)</td>
</tr>
<tr>
<td>Granisetron</td>
<td>2 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 1)</td>
</tr>
<tr>
<td>Palonosetron</td>
<td>0.25 mg</td>
<td>IV</td>
<td>30 minutes pre-chemo (Day 1)</td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>12 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 1) THEN</td>
</tr>
<tr>
<td></td>
<td>8 mg</td>
<td>IV</td>
<td>Daily (Day 2) THEN twice daily (Days 3-4)</td>
</tr>
<tr>
<td>Fosaprepitant</td>
<td>150 mg</td>
<td></td>
<td>30 minutes pre-chemo (Day 1)</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>0.5-1 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo times 1 dose PRN anxiety</td>
</tr>
</tbody>
</table>

### PRN ANTIEMETICS (FOR INPATIENT USE)

Note: Number the antiemetics below in the order to be used. The nurse will select #1 as the first medication to be given and may alternate #2. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.

- **Lorazepam**
  - 0.5-1 mg
  - IV
  - Every 4 hours PRN nausea/vomiting/anxiety

- **Promethazine**
  - 12.5-25 mg
  - 6.25-12.5 mg**
  - IV
  - Every 4 hours PRN nausea/vomiting

### Outpatient Prescription(s): (for outpatients or early discharge)

**For patients 65 years old and greater

### TESTS:
- MUGA Scan
- ECG
- Other:

### INPATIENT LABS

- **NOW:**
  - CBC
  - BMP
  - CMP
  - Other

- **DAILY:**
  - CBC
  - BMP
  - CMP
  - Other

### OUTPATIENT LABS:

- **BEFORE EACH CYCLE:**
  - CBC
  - BMP
  - CMP
  - Other

- **WEEKLY:**
  - CBC
  - BMP
  - CMP
  - Other

### OTHER LABS AND FREQUENCY:

- Urine Output: If urine output is less than ___________ give ___________ times ___________ days

- Nurse May Initiate CVAD Management Per Nursing Protocol #910.00
- Nurse May Utilize Local Anesthetic For CVAD Access Per Nursing Protocol #788
- Nurse May Initiate IV Catheter Care, Outpatient Physician Order #858
- For Infusion Reactions Initiate Drug Related Hypersensitivity Physician Order #774

### MEDICATIONS:
- Allopurinol 300 mg PO daily
- Other:

### NOTE:

These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated and signed below.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PHARMACIST’S SIGNATURE</th>
</tr>
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<th>DATE</th>
<th>TIME</th>
<th>PHYSICIAN’S SIGNATURE</th>
</tr>
</thead>
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</table>

Another brand of drug, identical in form and content, may be dispensed unless checked. 

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Revision D

**PHYSICIAN ORDERS**

**CHEMOTHERAPY:**

ETOPOSIDE + CISPLATIN (EP)