



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: LYGDP

**Class II Drug:**

Indication for use of Gemcitabine (Check one):

- Relapsed aggressive non-Hodgkin's lymphoma
- Relapsed or refractory Hodgkin lymphoma

For other indications, a "CAP" request form must be completed and approved prior to use.

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff and platelets</b> day 1 of treatment				
<b>Day 1:</b> May proceed with doses as written, if within 48 hours <b>ANC greater than or equal to 1 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 60 mL/min</b>				
For Split Dose <b>CIS</b> platin Only:				
<b>Day 1:</b> May proceed with doses as written, if within 48 hours <b>ANC greater than or equal to 1 x 10<sup>9</sup>/L, platelets greater than or equal to 50 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 45 mL/min</b>				
<b>Day 8:</b> May proceed with doses as written, if within 48 hours <b>Creatinine Clearance greater than or equal to 45 mL/min</b>				
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____				
<b>Proceed with treatment based on blood work from</b> _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
<b>DAY 1 (and DAY 8 if Split Dose CISplatin being given)</b>				
Ondansetron 8 mg PO prior to treatment.				
Dexamethasone 8 mg or 12 mg PO (circle one) prior to treatment.				
Aprepitant 125 mg PO prior to treatment.				
<b>DAY 8 (unless Split Dose CISplatin being given)</b>				
Prochlorperazine 10 mg PO prior to treatment.				
<input type="checkbox"/> <b>Other</b>				
PRE-HYDRATION: 1000 mL NS IV over 1 hour Day 1 (and Day 8 if Split Dose <b>CIS</b> platin given).				
CHEMOTHERAPY:				
<b>Dexamethasone 40 mg PO daily in AM with food on Days 1-4.</b>				
<b>Gemcitabine 1000 mg/m<sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8.</b>				
<b>CISplatin 75 mg/m<sup>2</sup> x BSA = _____ mg</b>				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg				
IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g Mannitol in 500 mL NS over 1 hour on <b>Day 1 only.</b>				
<b>OR (only split CISplatin day 1 and 8 if creatinine clearance on day 1 less than 60 mL/min)</b>				
<b>CISplatin 37.5 mg/m<sup>2</sup> x BSA = _____ mg</b>				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg				
IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g Mannitol in 500 mL NS over 1 hour on <b>Day 1 and Day 8.</b>				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book chemo on Day 1 and Day 8.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine</b> prior to each cycle				
<b>Creatinine</b> on Day 8 if Split Dose <b>CIS</b> platin ordered				
<input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	