



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 and according to acceptable standards of care.

PROTOCOL CODE: GUMVAC

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 day of treatment May proceed with doses as written if within 24 hours ANC greater than 1.5 x 10⁹/L, Platelets greater than or equal to 90 x 10⁹/L, and for Day 2, 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 _____. Ondansetron 8 mg PO prior to treatment Day 2 Dexamethasone 8 mg or 12 mg (circle one) prior to treatment Day 2 <input type="checkbox"/> Aprepitant 125 mg PO pre-chemotherapy on Day 2 and 80 mg PO post-chemotherapy once daily on Days 3 and 4				
HYDRATION: <input type="checkbox"/> Prehydration 1000 mL NS IV over 60 minutes Day 2				
CHEMOTHERAPY: Methotrexate 30 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push Days 1, 15 and 22 Vinblastine 3 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push Days 2, 15 and 22 Doxorubicin 30 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push Day 2 Cisplatin 70 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g, and Mannitol 30 g over 1 hour Day 2				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo Days 1, 2, 15 & 22 <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine, AST, ALT, Alk Phos, Bili, LDH prior to each cycle If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:		SIGNATURE:		
		UC:		