BC Cancer Agency
CARE & RESEARCH

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: UGUAJPG

A BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment

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:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff, Platelets** day of treatment
May proceed with doses as written if within 24 hours **ANC greater than or equal to 1 x 10^9/L, Platelets greater than 100 x 10^9/L, Creatinine Clearance greater than or equal to 60 mL/minute**
Dose modification for: ☐ **Hematology** ☐ **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 on Day 1
Dexamethasone 8 mg or **12 mg** *(circle one)* prior to treatment on Day 1
☐ **Aprepitant** 125 mg PO pre-chemotherapy on day 1 and 80 mg PO once daily in the morning on days 2 and 3
☐ **Prochlorperazine 10 mg** PO prn prior to treatment on Day 8
☐ **Metoclopramide 10 mg** PO prn prior to treatment Day 8

HYDRATION: Prehydrate with 1000 mL NS IV over 1 hour prior to CISplatin

CHEMOTHERAPY:
Gemcitabine 1250 mg/m^2/day x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 250 mL NS over 30 minutes **Day 1 and 8**

CISplatin 70 mg/m^2 x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g Mannitol over 1 hour **Day 1 only**
OR
CISplatin 35 mg/m^2/day x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g Mannitol over 1 hour **Day 1 and 2**

DOSE MODIFICATION DAY 8:
Gemcitabine _____**mg/m^2/day** x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 250 mL NS over 30 minutes **Day 8**

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____, book chemo Day 1 and 8
☐ Book Day 2 chemo if required.
☐ Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, AST, ALT, Alk Phos, Bili, LDH prior to Day 1 of each cycle
CBC & Diff, Platelets, Creatinine prior to Day 8
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: