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: HNNAVGEM

**Class II Drug:**
Advanced nasopharyngeal cancer.

**For other indications, a BCCA "Compassionate Access Program" request form must be completed and approved prior to use.*

## 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**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity**
**Proceed with treatment based on blood work from** _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

☐ **Prochlorperazine 10 mg** PO prior to treatment
☐ **Metoclopramide 10 mg** PO prior to treatment
☐ **Other:**

CHEMOTHERAPY:

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

DOSE MODIFICATION FOR DAY 8:

**Gemcitabine 1250 mg/$m^2$** x BSA = _____ mg
☐ Dose Modification: _____% = _____mg/$m^2$ x BSA = _____mg
IV in 250 mL NS over 30 minutes

## RETURN APPOINTMENT ORDERS

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

**CBC & Diff, Platelets** prior to each treatment
If clinically indicated: ☐ **Bilirubin** ☐ **Creatinine**
☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**