



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: GIRCAP

Class II Drug:
Stages II and III rectal adenocarcinoma, preoperative RT

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, Creatinine day of treatment					
May proceed with doses as written if within 96 hours ANC greater than or equal to $1.5 \times 10^9/L$, Platelets greater than or equal to $75 \times 10^9/L$, and Creatinine Clearance greater than 50 mL/minute					
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 _____.					
CHEMOTHERAPY:					
Capecitabine 1250 mg/m^2 or _____ $\text{mg/m}^2 \times \text{BSA} \times$ (_____ %) = _____ mg PO bid with food x 14 days.					
Total daily dose = 2500 mg/m^2 (Round dose to nearest 150 mg)					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in three weeks for Doctor and oral chemo Cycle _____					
<input type="checkbox"/> Last Cycle. Return in _____ week(s)					
CBC & Diff, Platelets, Creatinine prior to each cycle					
<input type="checkbox"/> Other tests:					
<input type="checkbox"/> Weekly Nursing Assessment					
<input type="checkbox"/> Consults:					
<input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:			SIGNATURES:		
			UC:		