



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: GIFUFA

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 96 hours ANC greater than or equal to $1.5 \times 10^9/L$, Platelets greater than or equal to $100 \times 10^9/L$				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Age/ECOG <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
Ice Chips – see protocol				
<input type="checkbox"/> Prochlorperazine 10 mg PO prior to treatment				
<input type="checkbox"/> Metoclopramide 10-20 mg PO prior to treatment				
<input type="checkbox"/> Other: _____				
RN to assess for stomatitis and diarrhea prior to EACH chemotherapy treatment Notify Doctor if any signs and symptoms of toxicity prior to chemotherapy				
CHEMOTHERAPY:				
Leucovorin 20 mg/m ² x BSA = _____mg IV push daily x 5 days prior to Fluorouracil				
Fluorouracil 400 mg/m ² or _____ mg/m ² x BSA x (_____%) = _____mg IV push daily x 5 days				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____ x 5 days <input type="checkbox"/> Last Cycle. Return in _____ week(s)				
CBC & Diff, Platelets prior to each cycle <input type="checkbox"/> CEA every 2-3 cycles If clinically indicated: <input type="checkbox"/> Total Protein <input type="checkbox"/> Alb <input type="checkbox"/> Bili <input type="checkbox"/> Alk Phos <input type="checkbox"/> GGT <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:		