



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: UGIFIRINOX

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

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: _____ **To be given:** _____ **Cycle #:** _____

Delay treatment _____ week(s)

CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/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 _____.

Ondansetron 8 mg PO prior to treatment

Dexamethasone 8 mg or 12 mg (*circle one*) PO prior to treatment

Aprepitant 125 mg PO

prophylactic Atropine 0.3 mg s.c.

NO ice chips

Other:

Calcium Gluconate 1000 mg and Magnesium Sulfate 1000 mg given together in 250 mL D5W IV over 20 minutes **pre** and **post** Oxaliplatin

CHEMOTHERAPY:

All lines to be primed with D5W

Oxaliplatin 85 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV in 500 mL D5W over 2 hours immediately followed by

Leucovorin 400 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV in 250 mL D5W over 2 hours **with the addition after 30 minutes of**

Irinotecan 180 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV in 500 mL D5W over 1 hour 30 minutes given through a Y connector placed immediately before the injection site. Immediately followed by

Fluorouracil 400 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV bolus **THEN**

Fluorouracil 2400 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV over 46 hours in D5W to a total volume of 92 mL by continuous infusion at 2 mL/h via Baxter SV2 infusor**

(**For total dose greater than 4400 mg, to a total volume of 230 mL by continuous infusion at 5 mL/h via Baxter LV5 infusor)

DOCTOR'S SIGNATURE:



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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in two weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets, Creatinine, Bili, AST, Alk Phos prior to each cycle <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Book for PICC assessment / insertion per Centre process <input type="checkbox"/> Book for IVAD insertion per Centre process <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: