



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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

PROTOCOL CODE: GIEFUPRT

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
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 24 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, and Creatinine Clearance greater than or equal to 60 mL/minute</b>  Dose modification for: <input type="checkbox"/> <b>Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____ <b>Ondansetron 8 mg PO prior to Cisplatin</b> <b>Dexamethasone 8 mg or 12 mg (circle one) PO prior to Cisplatin</b> <input type="checkbox"/> <b>Other:</b> _____				
CHEMOTHERAPY: <b>Cisplatin 25 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> <b>Dose Modification:</b> _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 mL NS over 30 minutes daily x 3 or 4 days (circle one) <b>OR</b> <b>Mitomycin 10 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> <b>Dose Modification:</b> _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV on Day 1 of <b>Cycles 1 and 3</b> or <b>Cycles 2 and 4</b> (circle one) (Maximum cumulative dose = 20 mg/m <sup>2</sup> )  <b>Fluorouracil 1000 mg/m<sup>2</sup>/day x BSA = _____ mg/day for 4 days (total dose = _____ mg over 96 hours)</b> <input type="checkbox"/> <b>Dose Modification:</b> _____% = _____ mg/m <sup>2</sup> /day x BSA = _____ mg/day for 4 days (total dose = _____ mg over 96h) IV in D5W to a total volume of 192 mL by continuous infusion at 2 mL/h via Baxter LV2 infusor				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____ x 1, 3 or 4 days (circle one) <input type="checkbox"/> Last Cycle. Return in _____ week(s)				
<b>CBC &amp; Diff, Platelets, and Creatinine</b> prior to each cycle If clinically indicated: <input type="checkbox"/> <b>Total Protein</b> <input type="checkbox"/> <b>Alb</b> <input type="checkbox"/> <b>Bili</b> <input type="checkbox"/> <b>Alk Phos</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>ALT</b> <input type="checkbox"/> <b>Other tests:</b>  <input type="checkbox"/> <b>Book for PICC assessment / insertion per Centre process</b> <input type="checkbox"/> <b>Book for IVAD insertion per Centre process</b> <input type="checkbox"/> <b>Consults:</b>  <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>		
		UC:		