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: GIFUC

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 48 hours **ANC greater than or equal to 1 x 10^9/L, Platelets greater than or equal to 100 x 10^9/L, Creatinine Clearance greater than or equal to 60 mL/minute**

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
☐ **Other:**

CHEMOTHERAPY:

Cisplatin 25 mg/m^2 x BSA = _____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 100 mL NS over 30 minutes weekly x _____ weeks

Fluorouracil 1000 mg/m^2/day x BSA = _____mg**/day** for 2 days (total dose = _____ mg over 48 hours)
☐ Dose Modification:____% = _____ mg/m^2/day x BSA = _____ mg**/day** for 2 days (total dose =_____ mg over 48 h)
IV in D5W to a total volume of 96 mL by continuous infusion at 2 mL/h via Baxter SV2 infusor* weekly
(Maximum dose = 5000 mg/48 hours) x _____ weeks
*(*For total dose greater than 4600 mg, to a total volume of 240 mL by continuous infusion at 5 mL/h via Baxter LV5 infusor)*

RETURN APPOINTMENT ORDERS

☐ Book **weekly** chemo x _____ (Max 4). **1 cycle = 1 week**
☐ Return in _____ weeks for Doctor and Cycles _____ to _____.
☐ Last Cycle. Return in _____ week(s)

CBC & Diff, Platelets, Creatinine prior to each cycle
If clinically indicated: ☐ **Bilirubin** ☐ **Imaging Studies:** _____
☐ **Other tests:**
☐ **Book for PICC assessment / insertion per Centre process**
☐ **Book for IVAD insertion per Centre process**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: