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: GIPGEM

Class II Drug:
Metastatic or unresectable pancreatic adenocarcinoma

For more than **11 cycles, a BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.*

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/Week #:**

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 1 x 10^9/L, Platelets greater than 100 x 10^9/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 _____.

☐ **Prochlorperazine 10 mg** PO prior to treatment
☐ **Metoclopramide 10 mg** PO prior to treatment
☐ **Other:**

CHEMOTHERAPY: ☐ **Weekly x 7 weeks** ☐ **Weekly x 3 weeks**

Gemcitabine 1000 mg/m^2 x BSA = _____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 250 mL NS over 30 minutes

DOSE MODIFICATION IF REQUIRED ON SUBSEQUENT DAYS:

Gemcitabine 1000 mg/m^2 x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 250 mL NS over 30 minutes on days _____

RETURN APPOINTMENT ORDERS

☐ Book chemo weekly x _____ weeks
☐ Return in **four** or _____weeks for Doctor and Cycle _____.
☐ Return for Physician only in _____ week(s).
☐ Last Cycle. Return in _____ week(s)

CBC & Diff, Platelets prior to each treatment
If clinically indicated: ☐ **Bilirubin** ☐ **Creatinine**
☐ **Tumour Markers:**
☐ **Imaging Study:**
☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: