



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: GIRINFRT

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- Option 1 - Cycle 1 During RT and Cycles 2-7 following RT
Option 2 - Cycle 1 Prior to RT, Cycle 2 during RT and Cycles 3-7 following RT
Option 3 - Cycles 1 & 2 Prior to RT, Cycle 3 during RT and Cycles 4-7 following RT

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, Creatinine day of treatment

May proceed with doses as written if within 72 hours ANC greater than or equal to 1.5 x 10^9/L and Platelets greater than 50 x 10^9/L (for Fluorouracil)

May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10^9/L and Platelets greater than 75 x 10^9/L, and Creatinine Clearance greater than 50 mL/minute (for Capecitabine)

Dose modification for: Hematology Other Toxicity: \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

CHEMOTHERAPY: (check one)

- Option 1: Cycles 2, 3, 4, 5, 6, 7
Option 2: Cycles 1, 3, 4, 5, 6, 7
Option 3: Cycles 1, 2, 4, 5, 6, 7

Capecitabine 1250 mg/m^2 or \_\_\_\_\_ mg/m^2 x BSA x ( \_\_\_\_\_ %) = \_\_\_\_\_ mg PO bid with food x 14 days

(Total daily dose = 2500 mg/m^2)

(Round dose to nearest 150 mg)

RN to assess for stomatitis and diarrhea prior to EACH Fluorouracil treatment

Notify Doctor if any signs and symptoms of toxicity prior to administering Fluorouracil.

CONCURRENT TREATMENT: (check one)

- Option 1: Cycle 1
Option 2: Cycle 2
Option 3: Cycle 3

Fluorouracil 225 mg/m^2/day x BSA = \_\_\_\_\_ mg/day

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m^2/day x BSA = \_\_\_\_\_ mg/day

for 7 days or \_\_\_\_\_ days for duration of Radiation Therapy

IV via CVC device beginning on the first day of RT (total dose for each 7-day infusor = \_\_\_\_\_ mg over 168 h), in D5W to a total volume of 252 mL by continuous infusion at 1.5 mL/h via Baxter LV1.5 infusor

DOCTOR'S SIGNATURE: \_\_\_\_\_



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DATE:	
<b>RETURN APPOINTMENT ORDERS</b>	
<p>OPTION 1:</p> <input type="checkbox"/> Return in ____ weeks for Doctor. Book weekly chemo x 5 weeks starting ____. <input type="checkbox"/> Return in ____ weeks after completion of RT for Doctor and Cycle ____ oral chemo. <input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle <b>3, 4, 5, 6 or 7</b> ( <i>circle one</i> ). Book chemo x 5 days <input type="checkbox"/> Last Cycle. Return in ____ week(s)	
<p>OPTION 2:</p> <input type="checkbox"/> Return in <b>three</b> weeks for Doctor & chemo Cycle <b>2</b> . Book weekly chemo x 5 weeks starting ____. <input type="checkbox"/> Return in ____ weeks for Doctor <input type="checkbox"/> Return in ____ weeks after completion of RT for Doctor and Cycle ____ oral chemo. <input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle <b>4, 5, 6 or 7</b> ( <i>circle one</i> ) oral chemo. <input type="checkbox"/> Last Cycle. Return in ____ week(s)	
<p>OPTION 3:</p> <input type="checkbox"/> Return in <b>three</b> weeks for Doctor & chemo Cycle <b>3</b> . Book weekly chemo x 5 weeks starting ____. <input type="checkbox"/> Return in ____ weeks for Doctor <input type="checkbox"/> Return in ____ weeks after completion of RT for Doctor and Cycle ____ oral chemo. <input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle <b>5, 6 or 7</b> ( <i>circle one</i> ). Book chemo x 5 days <input type="checkbox"/> Last Cycle. Return in ____ week(s)	
<p><b>CBC &amp; Diff, Platelets, Creatinine</b> prior to each cycle</p> <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> weekly during radiation therapy <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>Radiation consult before Cycle ____ or in ____ weeks</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: