



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: UGICAPIRI

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

<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(s) #:</b>
Date of Previous Cycle:		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/L, Creatinine Clearance greater than 50 mL/min</b>		
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Age greater than or equal to 65</b> <input type="checkbox"/> <b>Other 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</b> prior to treatment <b>Dexamethasone 8 mg or 12 mg (circle one) PO</b> prior to treatment <input type="checkbox"/> <b>Prophylactic Atropine 0.3 mg SC</b> <input type="checkbox"/> <b>Other:</b>		
CHEMOTHERAPY: <input type="checkbox"/> <b>Repeat in three weeks</b>  <b>Irinotecan 200 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 500 mL D5W over <b>1 hour 30 minutes</b>  <b>Capecitabine 800 mg/m<sup>2</sup> or _____ x BSA X ( _____ %) = _____ mg PO bid with food x 14 days</b> (Round dose to nearest 150 mg)		
Counsel patient to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO q 2 h until diarrhea free x 12 hours (may take 4 mg PO q 4 h during the night).		
<b>Atropine 0.3 – 0.6 mg SC prn</b> repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in <b>six</b> weeks for Doctor and Cycle _____ & _____. Book chemo x 2 cycles <input type="checkbox"/> Last Cycle. Return in _____ week(s)		
<b>CBC &amp; Diff, Platelets, Creatinine, Bili, AST, Alk Phos</b> prior to each cycle <input type="checkbox"/> <b>INR</b> weekly <input type="checkbox"/> <b>INR</b> prior to each cycle <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Weekly Nursing Assessment</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: