



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: UGIFFOXB

Page 1 of 2

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(s) #:			
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 72 hours ANC greater than or equal to 1.2 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L, BP less than or equal to 160/100 Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> 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 (<i>circle one</i>) PO prior to treatment NO ice chips <input type="checkbox"/> Other: _____							
<input type="checkbox"/> Calcium Gluconate 1000 mg and Magnesium Sulfate 1000 mg given together in 250 mL D5W IV over 20 minutes pre and post Oxaliplatin							
CHEMOTHERAPY: <input type="checkbox"/> Repeat in two weeks <input type="checkbox"/> Repeat in two and in four weeks Oxaliplatin 85 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL D5W over 2 hours* Leucovorin 400 mg/m² x BSA = _____ mg IV in 250 mL D5W over 2 hours* * Oxaliplatin and Leucovorin may be infused over same two hour period by using a Y-site connector placed immediately before the injection site. OR Leucovorin 20 mg/m² x BSA = _____ mg IV push Fluorouracil 400 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg IV bolus Bevacizumab 5 mg/kg x _____ kg = _____ mg IV in 100 mL NS over 10 minutes via infusion pump. Flush line with 10 mL NS pre and post dose. (Blood pressure measurement pre and post dose for first 3 cycles and prior to Bevacizumab for subsequent cycles) Fluorouracil 2400 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg IV over 46 hours in D5W to a total volume of 92 mL by continuous infusion at 2 mL/h via Baxter SV2 infusor** (**For total dose greater than 4400 mg, to a total volume of 230 mL by continuous infusion at 5 mL/h via Baxter LV5 infusor)							
DOCTOR'S SIGNATURE: _____							



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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in two weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in four weeks for Doctor and Cycles _____ & _____. Book chemo x 2 cycles. <input type="checkbox"/> Return in six weeks for Doctor and Cycles _____, _____ & _____. Book chemo x 3 cycles. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p>CBC & Diff, Platelets, and Blood Pressure Measurement prior to each cycle</p> <p>Electrolytes, Bilirubin, Creatinine, Alk Phos, AST, Albumin prior to each doctor's visit.</p> <p>Dipstick Urine or laboratory urinalysis for protein at the beginning of each even numbered cycle. (If results are 2+ or 3+ or greater than or equal to 1 g/L laboratory urinalysis for protein then a 24 hr urine for total protein must be done within 3 days prior to next cycle.)</p> <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Book for PICC assessment / insertion per Centre process <input type="checkbox"/> Book for IVAD insertion per Centre process <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: