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: GIAVFL

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:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff, Platelets, Bili, AST, Alk Phos** day of treatment
May proceed with doses as written if within 72 hours **ANC greater than or equal to 1 x 10^9/L, Platelets greater than or equal to 75 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 _____.

CHEMOTHERAPY: ☐ **Repeat in two weeks** ☐ **Repeat in two and in four weeks**

Leucovorin 400 mg/m^2 x BSA = _____ mg
IV in 250 mL D5W over 1 hour 30 minutes
OR
Leucovorin 20 mg/m^2 x BSA = _____ mg
IV push

Fluorouracil 400 mg/m^2 x BSA = _____ mg
☐ Dose Modification: _____mg/m^2 x BSA = _____mg
IV bolus **THEN**
Fluorouracil 2400 mg/m^2 x BSA = _____ mg
☐ 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)*

RETURN APPOINTMENT ORDERS

☐ Return in **two** weeks for Doctor and Cycle _____
☐ Return in **four** weeks for Doctor and Cycle _____ & _____. Book chemo x 2 cycles.
☐ Return in **six** weeks for Doctor and Cycles ____, ____ & ____. Book chemo x 3 cycles
☐ Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets prior to each treatment
Bilirubin, AST, Alk Phos, Creatinine prior to each doctor's visit
☐ **INR** weekly ☐ **INR** prior to each cycle
☐ **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: