



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: GIFUPART

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: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets, Creatinine day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to $1.5 \times 10^9/L$, Platelets greater than $100 \times 10^9/L$, Creatinine Clearance greater than or equal to 60 mL/min. 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 _____. <input type="checkbox"/> Ondansetron 8 mg PO prior to chemotherapy <input type="checkbox"/> Dexamethasone 8 mg PO prior to chemotherapy <input type="checkbox"/> Metoclopramide 10-20 mg PO prn prior to chemotherapy <input type="checkbox"/> Prochlorperazine 10 mg PO prn prior to chemotherapy <input type="checkbox"/> Other: _____				
PREHYDRATION: 1000 mL NS over 1 hr prior to Cisplatin				
CHEMOTHERAPY: Chemotherapy begins on Day 1 of each radiotherapy course				
Cisplatin $60 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g mannitol over 1 hour on Day 1, Weeks 1 and 5.				
Fluorouracil $1000 \text{ mg/m}^2/\text{day} \times \text{BSA} =$ _____ mg/day for 4 days (total dose = _____ mg over 96 h) <input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2/\text{day} \times \text{BSA} =$ _____ mg/day for 4 days (total dose = _____ mg over 96h) IV in D5W to a total volume of 192 mL by continuous infusion at 2 mL/h via appropriate infusor device on Weeks 1 and 5.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and book chemo Cycle #2, Week 5 with RT <input type="checkbox"/> Return in _____ weeks for Doctor assessment during RT <input type="checkbox"/> Last Cycle. Return in _____ week(s)				
CBC & Diff, Platelets weekly prior to radiation therapy CBC & Diff, Platelets, Creatinine, Electrolytes prior to chemotherapy Weeks 1 and 5. <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"/> Weekly Nursing Assessment <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	