



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: GIAJFL

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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

May proceed with doses as written if within 72 hours **ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/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

Leucovorin 400 mg/m² x BSA = _____ mg

IV in 250 mL D5W over **2 hours**

Fluorouracil 400 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV bolus

Fluorouracil 2400 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV over 46 hours in D5W to a total volume of 92 mL by continuous infusion at 2mL/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.

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets prior to each cycle

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: _____