



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: GIFUINF

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/Week #:** _____

Date of Previous Cycle: _____

Delay treatment _____ week(s)

CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 2 weeks **ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L**

Dose modification for: **Toxicity** _____

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

Fluorouracil 1000 mg/m²/day x BSA = _____ mg/day for 2 days (total dose = _____ mg over 48 hours)

Dose Modification: ____% = _____ mg/m²/day x BSA = _____ mg/day for 2 days (total dose = _____ mg over 48h)

IV in D5W to a total volume of 96 mL by continuous infusion at 2 mL/h via Baxter SV2 infusor*

(*For total dose **greater than 4600 mg**, to a total volume of 240 mL by continuous infusion at 5 mL/h via Baxter LV5 infusor)

Maximum dose = 5000 mg/48 hours

RETURN APPOINTMENT ORDERS

Return **weekly** for _____ weeks for chemo

Return in _____ week(s) for Doctor and Cycle _____. Book weekly chemo.

Last Cycle. Return in _____ week(s)

CBC & Diff, Platelets prior to doctor or chemotherapy appointment weekly or q 2 weeks

If clinically indicated: **Imaging Studies:**

Total Protein **Alb** **Bili** **Alk Phos** **GGT** **ALT**

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: