



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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

PROTOCOL CODE: GIIR

**Class II Drug:**

Metastatic colorectal cancer refractory to fluorouracil-leucovorin therapy (documented progressive disease on treatment, or relapse within 6 months of completion of adjuvant fluorouracil-leucovorin chemotherapy

\* For more than 6 cycles, a BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L</b>					
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Age/ECOG</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>Ondansetron 8 mg PO</b> 30 minutes prior to treatment <b>Dexamethasone 8 mg or 12 mg (circle one)</b> 30 minutes prior to treatment <input type="checkbox"/> <b>Prophylactic Atropine 0.3 mg SC</b> <input type="checkbox"/> <b>Other:</b> _____					
<b>CHEMOTHERAPY:</b> <b>Irinotecan 350 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> <b>Dose Modification:</b> _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL D5W over <b>1 hour 30 minutes</b> (Maximum dose = 700 mg)					
Counsel patient to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO q 2 h until diarrhea free x 12 hours (may take 4 mg PO q 4 h during the night).					
<b>Atropine 0.3 – 0.6 mg SC</b> prn repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.					
<b>RETURN APPOINTMENT ORDERS</b>					
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s)					
<b>CBC &amp; Diff, Platelets</b> prior to each cycle If clinically indicated: <input type="checkbox"/> <b>Tumour Markers:</b> _____ <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>AST</b> <input type="checkbox"/> <b>Alk Phos</b> <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>					
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>		
			UC:		