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: GIIRINALT

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 other indications or for more than 6 cycles, a BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.*

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/Week #:**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff, Platelets** day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 1.5 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 _____.

Ondansetron 8 mg PO prior to treatment

Dexamethasone 8 mg or **12 mg** *(circle one)* prior to treatment

☐ **Prophylactic Atropine 0.3 mg** SC

☐ **Other:**

CHEMOTHERAPY:

Irinotecan 125 mg/m^2 x BSA = _____mg

☐ Dose Modification: _____mg/m^2 x BSA = _____mg

IV in 500 mL D5W over 1 hour 30 minutes

☐ Repeat doses as written weekly x 4

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).

Atropine 0.3 – 0.6 mg SC prn repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.

RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks for Doctor and Cycle _____. Book chemo weekly x 4

☐ Last Cycle. Return in _____ weeks.

CBC & Diff, Platelets prior to each treatment

If clinically indicated: ☐ **Tumour Markers:**

☐ **Bilirubin** ☐ **AST** ☐ **Alk Phos**

☐ **Imaging Study:**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: