



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: GIRALT

Class II Drug:

Metastatic or unresectable colorectal adenocarcinoma

**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 _____ 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 day of treatment

May proceed with doses as written if within 96 hours **ANC greater than** $1.49 \times 10^9/L$, **Platelets greater than** $99 \times 10^9/L$, **Creatinine Clearance greater than** 65 mL/min.

Dose modification for: **Hematology** **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

Prochlorperazine 10 mg PO prn prior to treatment

Metoclopramide 10-20 mg PO prn prior to treatment

Other:

CHEMOTHERAPY:

Raltitrexed $3 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg
 Dose Modification: _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg
 IV in 100 mL NS over 15 minutes

RETURN APPOINTMENT ORDERS

Return in **three** or **four** (*circle one*) weeks for Doctor and Cycle _____

Last Cycle. Return in _____ week(s)

CBC & Diff, Platelets, Creatinine, Bilirubin, AST, LDH, Alk Phos prior to each cycle

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: