

**PROTOCOL CODE: BRAVGEMP**

<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 24 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 60 mL/min.</b> Dose modification for: <input type="checkbox"/> <b>Hematology</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</b> PO prior to treatment <b>dexamethasone</b> <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> (select one) PO prior to treatment <input type="checkbox"/> <b>Other:</b> _____					
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>					
<b>CHEMOTHERAPY:</b>					
<b>gemcitabine</b> <input type="checkbox"/> <b>600</b> or <input type="checkbox"/> <b>750 mg/m<sup>2</sup>/day</b> (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg IV in 250 mL NS over 30 minutes on <b>Day 1 and Day 8</b>					
<b>CISplatin 30 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg IV in 100 to 250 mL NS over 30 minutes on <b>Day 1 and 8</b>					
<b>OR</b>					
<b>gemcitabine 600 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg IV in 250 mL NS over 30 minutes on <b>Day 1 and Day 8</b>					
<b>CARBOplatin (AUC = 5) x (GFR + 25) = _____ mg</b> IV in <b>100 to 250 mL NS</b> over 30 minutes <b>Day 1 only</b>					
<b>DOSE MODIFICATION REQUIRED ON DAY 8:</b>					
<b>gemcitabine</b> <input type="checkbox"/> <b>600</b> or <input type="checkbox"/> <b>750 mg/m<sup>2</sup>/day</b> (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes on <b>Day 8</b>					
<b>CISplatin 30 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 to 250 mL NS over 30 minutes on <b>Day 8</b>					
<b>RETURN APPOINTMENT ORDERS</b>					
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____, book chemo Day 1 & 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s).					
<b>CBC &amp; Diff, Platelets, Creatinine, ALT, Alk Phos, Bili, LDH</b> prior to each cycle <b>CBC &amp; Diff, Platelets, Creatinine</b> prior to Day 8 <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>	
				<b>UC:</b>	