PROTOCOL CODE: BRAVGEMP

### 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 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 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 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 ___________________________.

- Ondansetron 8 mg PO prior to treatment
- Dexamethasone 8 mg or 12 mg (circle one) prior to treatment
- Prochlorperazine 10 mg PO prior to treatment
- Other:

  **Have Hypersensitivity Reaction Tray and Protocol Available**

### CHEMOTHERAPY:

- Gemcitabine 600 or 750 mg/m²/day (circle one) x BSA = ________ mg
  - Dose Modification: ________% = ________ mg/m²/day x BSA = ________ mg
  - IV in 250 mL NS over 30 minutes on Day 1 and Day 8

- Cisplatin 30 mg/m²/day x BSA = ________ mg
  - Dose Modification: ________% = ________ mg/m²/day x BSA = ________ mg
  - IV in 500 mL NS over 45 minutes on Day 1 and Day 8

  **OR**

- Gemcitabine 600 mg/m²/day x BSA = ________ mg
  - Dose Modification: ________% = ________ mg/m²/day x BSA = ________ mg
  - IV in 250 mL NS over 30 minutes on Day 1 and Day 8

- Carboplatin (AUC = 5) x (GFR + 25) = ________ mg
  - IV in 250 mL NS over 30 minutes Day 1 only

### DOSE MODIFICATION REQUIRED ON DAY 8:

- Gemcitabine 600 or 750 mg/m²/day (circle one) x BSA = ________ mg
  - Dose Modification: ________% = ________ mg/m² x BSA = ________ mg
  - IV in 250 mL NS over 30 minutes on Day 8

- Cisplatin 30 mg/m² x BSA = ________ mg
  - Dose Modification: ________% = ________ mg/m² x BSA = ________ mg
  - IV in 500 mL NS over 45 minutes on Day 8

### RETURN APPOINTMENT ORDERS

- [ ] Last Cycle. Return in ______ week(s).

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

CBC & Diff, Platelets, Creatinine prior to Day 8

Other tests:

- Consults:
- See general orders sheet for additional requests.

### DOCTOR’S SIGNATURE:

UC:

BC Cancer Provincial Preprinted Order BRAVGEMP

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