Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care.

PROTOCOL CODE: GIAJCAPOX

### 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: | To be given: | Cycle(s) #: |

**DATE:**

- [ ] Delay treatment ______ week(s)
- [ ] CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 96 hours ANC greater than or equal to 1.2 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L, Creatinine Clearance greater than 50 mL/minute

| 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) PO prior to treatment
- [ ] NO ice chips
- [ ] Other:

**CHEMOTHERAPY:** All lines to be primed with D5W

- [ ] Repeat in three weeks

- oxaliplatin 130 mg/m² x BSA = ______ mg
- [ ] Dose Modification: ______ mg/m² x BSA = ______ mg
- IV in 250 to 500 mL D5W over 2 hours

- capecitabine 1000 mg/m² or ____ x BSA x ( ____ %) = ______ mg PO bid with food x 14 days
  (Round to nearest 150 mg)

**RETURN APPOINTMENT ORDERS**

- [ ] Return in three weeks for Doctor and Cycle ________
- [ ] Return in six weeks for Doctor and Cycle _____ & _______. Book chemo x 2 cycles
- [ ] Last Cycle. Return in ______ week(s)

**CBC & Diff, Platelets, Creatinine, Bili, ALT, Alk Phos, Sodium, Potassium, Mg, Ca**

- [ ] INR weekly
- [ ] INR prior to each cycle
- [ ] ECG
- [ ] Other tests:
- [ ] Weekly Nursing Assessment for (specify concern): __________________
- [ ] Consults:

- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Provincial Preprinted Order GIAJCAPOX

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