**DOCTOR’S ORDERS**

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: GIAJCAP**

| 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:**

<table>
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<tr>
<th>To be given:</th>
<th>Cycle #:</th>
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<th>Date of Previous Cycle:</th>
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- [ ] Delay treatment ______ week(s)
- [ ] CBC & diff, platelets, creatinine day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to** $1.5 \times 10^9/L$, **Platelets greater than or equal to** $75 \times 10^9/L$, **Creatinine Clearance greater than** $50 \text{ mL/min}$.

**Dose modification for:**
- [ ] Hematology
- [ ] Age/ECOG
- [ ] Other Toxicity ____________________

Procede with treatment based on blood work from ____________________

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

**CHEMOTHERAPY:**
- [ ] Repeat in three weeks

capecitabine 1250 mg/m² or 1000 mg/m² (*circle one*) x BSA x (_______%) = _________mg PO bid with food x 14 days
(Round dose 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 prior to each cycle

If clinically indicated:  
- [ ] BUN  
- [ ] Total Protein  
- [ ] Albumin  
- [ ] Bilirubin  
- [ ] Alk Phos  
- [ ] GGT  
- [ ] ALT  
- [ ] INR weekly  
- [ ] INR prior to each cycle

- [ ] Other tests:

- [ ] Weekly Nursing Assessment
- [ ] Consults:

- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

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<th>Signature:</th>
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**UC:**

BC Cancer Provincial Preprinted Order GIAJCAP  
Created: July 12, 2005  Revised: 1 Dec 2019