



Provincial Health Services Authority

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: GIAJFL**

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## DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:** \_\_\_\_\_ **To be given:** \_\_\_\_\_ **Cycle #:** \_\_\_\_\_ and \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

☐ Delay treatment \_\_\_\_\_ week(s)

☐ **CBC & Diff** day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to  $1.0 \times 10^9/L$ , platelets greater than or equal to  $75 \times 10^9/L$**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

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

**TREATMENT:** ☐ Repeat in two weeks

**leucovorin  $400 \text{ mg/m}^2 \times \text{BSA} =$  \_\_\_\_\_ mg**

IV in 20 mL D5W over 2 hours

**OR**

☐ **leucovorin  $20 \text{ mg/m}^2 \times \text{BSA} =$  \_\_\_\_\_ mg**

IV push

**fluorouracil  $400 \text{ mg/m}^2 \times \text{BSA} =$  \_\_\_\_\_ mg**

☐ Dose Modification: \_\_\_\_\_  $\text{mg/m}^2 \times \text{BSA} =$  \_\_\_\_\_ mg

IV push

**fluorouracil  $2400 \text{ mg/m}^2 \times \text{BSA} =$  \_\_\_\_\_ mg\*\***

☐ Dose Modification: \_\_\_\_\_  $\text{mg/m}^2 \times \text{BSA} =$  \_\_\_\_\_ mg\*\*

IV over 46 hours in D5W to a total volume of 230 mL by continuous infusion at 5 mL/h via Baxter LV5 INFUSOR

\*\* For 3000 to 5500 mg dose, **select INFUSOR per dose range below (doses outside dose banding range are prepared as ordered):**

Dose Banding Range	Dose Band INFUSOR (mg)	Pharmacist Initial and Date
Less than 3000 mg	Pharmacy to mix specific dose	
3000 to 3400 mg	3200 mg	
3401 to 3800 mg	3600 mg	
3801 to 4200 mg	4000 mg	
4201 to 4600 mg	4400 mg	
4601 to 5000 mg	4800 mg	
5001 to 5500 mg	5250 mg	
Greater than 5500 mg	Pharmacy to mix specific dose	

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>two</b> weeks for Doctor and Cycle _____	
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____ & _____. Book chemo x 2 cycles.	
<input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<b>CBC &amp; Diff, creatinine, total bilirubin, ALT prior to each cycle</b>  If clinically indicated: <input type="checkbox"/> CEA <input type="checkbox"/> CA19-9 <input type="checkbox"/> ECG <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> Other tests <input type="checkbox"/> Book for PICC assessment / insertion per Centre process <input type="checkbox"/> Book for IVAD insertion per Centre process <input type="checkbox"/> Weekly nursing assessment for (specify concern): _____ <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>