



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 and according to acceptable standards of care

PROTOCOL CODE: **GIAJRALOX**

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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: _____ To be given: _____ Cycle #: _____

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 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L and Creatinine clearance greater than or equal to 65 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 (select one) PO prior to treatment

NO ice chips

Other: _____

CHEMOTHERAPY:

raltitrexed 3 mg/m² or _____ mg/m² (select one) x BSA = _____ mg IV in 100 mL NS over 15 minutes

oxaliplatin 130 mg/m² or _____ mg/m² (select one) x BSA = _____ mg IV in 250 to 500 mL D5W over 120 minutes

Prior to starting oxaliplatin, flush lines with D5W (oxaliplatin is NOT compatible with NS)

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____

Last Cycle. Return in _____ week(s)

CBC & Diff, Platelets, Creatinine, Bili, ALT, Alk Phos, Sodium, Potassium, Mg, Ca prior to each cycle

ECG

Other tests:

Book for PICC assessment / insertion per Centre process

Book for IVAD insertion per Centre process

Weekly Nursing Assessment for (specify concern): _____

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: