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: GIAVCETIR

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 day of treatment

May proceed with doses as written if within 72 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/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 ________________________.

○ ondansetron 8 mg PO prior to treatment
○ dexamethasone [☐ 8 mg or ☐ 12 mg (select one) PO 30 minutes prior to cetuximab
○ diphenhydramine 50 mg PO 30 minutes prior to cetuximab
☐ Prophylactic atropine 0.3 mg SC
☐ Other:

☐ magnesium sulfate 2 G in 50 mL NS over 30 minutes for hypomagnesemia
☐ magnesium sulfate 5 G in 100 mL NS over 3 hours for hypomagnesemia

**Have Hypersensitivity Reaction Tray and Protocol Available**

CHEMOTHERAPY:

Cycle 1:

cetuximab (first dose) 500 mg/m² x BSA = ______ mg

☐ Dose Modification: _________mg/m² x BSA = _________mg

IV over 2 hours using a 0.22 micron in-line filter. May flush cetuximab line with normal saline post infusion.

Observe for 1 hour post infusion. Obtain vital signs pre-infusion, at 1 hour and post-infusion*.

irinotecan 180 mg/m² x BSA = ______ mg

☐ Dose Modification: _________mg/m² x BSA = _________mg

IV in 500 mL D5W over 1 hour 30 min

Cycle 2 and higher: ☐ Repeat in two weeks ☐ Repeat in two and in four weeks

cetuximab (subsequent dose) 500 mg/m² x BSA = ______ mg

☐ Dose Modification: _________mg/m² x BSA = _________mg

IV over 1 hour (use 0.22 micron in-line filter). May flush cetuximab line with normal saline post infusion.

Obtain vital signs pre-infusion and 1 hour post-infusion*

*Observe for 1 hour following end of 1st and 2nd infusion. May discontinue observation period if no infusion reaction for 2 consecutive doses.

irinotecan 180 mg/m² x BSA = ______ mg

☐ Dose Modification: _________mg/m² x BSA = _________mg

IV in 500 mL D5W over 1 hour 30 min

DOCTOR’S SIGNATURE: SIGNATURE:

UC:
### DOCTOR’S ORDERS

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<tr>
<th>Ht</th>
<th>Wt</th>
<th>BSA</th>
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

**To be given:**

**Cycle #:**

Counsel patient to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO q 2 h until diarrhea free x 12 hours (may take 4 mg PO q 4 h during the night).

Atropine 0.3 to 0.6 mg SC prn repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.

### RETURN APPOINTMENT ORDERS

- [ ] Return in **two** weeks for Doctor and Cycle ______
- [ ] Return in **four** weeks for Doctor and Cycles ____ & ____.
- [ ] Last Cycle. Return in ________ week(s)

CBC & diff, sodium, potassium, magnesium, calcium, bilirubin, ALT, and Alk Phos prior to each cycle

- [ ] INR weekly
- [ ] INR prior to each cycle

- [ ] CEA
- [ ] Other tests:

- [ ] Book for PICC assessment / insertion per Centre process
- [ ] Book for IVAD insertion per Centre process
- [ ] Consults:

- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

**UC:**

**BC Cancer Provincial Preprinted Order GIAVCETIR**

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