

PROTOCOL CODE: GIAVCETIR

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DOCTOR'S ORDERS			Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form			
DATE:	To be given:	Cycle #:	
Date of Previous Cycle: _____			
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment May proceed with doses as written if within 72 hours ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $75 \times 10^9/L$ Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> 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 <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (<i>select one</i>) PO 30 minutes prior to cetuximab diphenhydrAMINE 50 mg PO 30 minutes prior to cetuximab <input type="checkbox"/> Prophylactic atropine 0.3 mg subcutaneously 30 minutes prior to irinotecan <input type="checkbox"/> Other: _____			
<input type="checkbox"/> magnesium sulfate 2 g in 50 mL NS over 30 minutes for hypomagnesemia <input type="checkbox"/> magnesium sulfate 5 g in 100 mL NS over 3 hours for hypomagnesemia			
Have Hypersensitivity Reaction Tray and Protocol Available			
TREATMENT: Cycle 1: cetuximab (first dose) $500 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg <input type="checkbox"/> Dose Modification: _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg IV over 2 hours using a 0.2 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 $180 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg <input type="checkbox"/> Dose Modification: _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg IV in 500 mL D5W over 1 hour 30 min			
Cycle 2 and higher: <input type="checkbox"/> Repeat in two weeks <input type="checkbox"/> Repeat in two and in four weeks cetuximab (subsequent dose) $500 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg <input type="checkbox"/> Dose Modification: _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg IV over 1 hour (use 0.2 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 $180 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg <input type="checkbox"/> Dose Modification: _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg IV in 500 mL D5W over 1 hour 30 min			
DOCTOR'S SIGNATURE:			SIGNATURE: UC:

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DATE:

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 mg subcutaneously prn. **May** repeat **every 30 min to a maximum dose of 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 ____ & _____. Book **treatment** x 2 cycles
- ☐ Last Cycle. Return in _____ week(s)

CBC & Diff, creatinine, total bilirubin, ALT, magnesium prior to each cycle

If clinically indicated:

- ☐ **CEA** ☐ **CA19-9** ☐ **ECG**
- ☐ **alkaline phosphatase** ☐ **albumin** ☐ **calcium** ☐ **GGT** ☐ **sodium**
- ☐ **potassium**
- ☐ **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: