

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 <u>www.bccancer.bc.ca</u> and according to acceptable standards of care

PROTOCOL CODE: GIAVFL

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DOCTOR'S ORDERS	Ht	cm	Wt	kg BS	SAm²	
REMINDER: Please ensure drug	g allergies and previous b	leomycin	are documente	ed on t	he Allergy & Alert Form	
DATE:	To be given:		Cy	/cle(s)	#:	
Date of Previous Cycle:						
Delay treatment week	:(s)					
CBC & Diff day of treatment						
May proceed with doses as written if within 72 hours ANC <u>greater than or equal to</u> 1.0 x 10⁹/L, platelets <u>greater than</u> <u>or equal to</u> 75 x 10⁹/L						
Dose modification for:		oxicity				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm						
TREATMENT: 🗌 Repeat in ty	wo weeks					
leucovorin (select one if fluorouracil IV push ordered; optional if fluorouracil IV push omitted) leucovorin 400 mg/m² x BSA = mg IV in 250 mL D5W over 1 hour 30 minutes OR leucovorin 20 mg/m² x BSA = mg						
IV push						
flourouracil IV push (optional)						
<pre>fluorouracil 400 mg/m² x BSA = mg Dose Modification:mg/m² x BSA =mg IV push THEN</pre>						
flourouracil infusion (required)						
<pre>fluorouracil 2400 mg/m² x BSA = mg** Dose Modification:mg/m² x 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):</pre>						
Dose Banding Range	Dose Band INFUSOR (mg)		Pharma	cist Init	ial 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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DATE:				
RETURN APPOINTMENT ORDERS				
Return in <u>two</u> weeks for Doctor and Cycle				
Return in four weeks for Doctor and Cycle & Book treatment x 2 cycles.				
Return in six weeks for Doctor and Cycles,& Book treatment x 3 cycles				
Last Cycle. Return in week(s).				
CBC & Diff, creatinine, total bilirubin, ALT prior to each treatment				
If clinically indicated: CEA CA 19-9 ECG alkaline phosphatase albumin GGT sodium potassium INR weekly INR prior to each cycle Other tests: Book for PICC assessment / insertion per Centre process Book for IVAD insertion per Centre process Weekly nursing assessment for (specify concern):				
DOCTOR'S SIGNATURE:	SIGNATURE:			
	UC:			