



(Page 1 of 2)

BC Cancer Provincial Preprinted Order **GIAVFL**
Created: **1 Aug 2005** Revised: **1 Feb 2025** (Fluorouracil IV push optional)



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: GIAVFL

(Page 2 of 2)

DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in two weeks for Doctor and Cycle _____	
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____ & _____. Book treatment x 2 cycles.	
<input type="checkbox"/> Return in six weeks for Doctor and Cycles _____, _____ & _____. Book treatment x 3 cycles	
<input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, creatinine, total bilirubin, ALT prior to each treatment	
If clinically indicated:	
<input type="checkbox"/> CEA <input type="checkbox"/> CA 19-9 <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.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: