



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: GIAVPANI

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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 (s) #:
Date of Previous Cycle:		
<input type="checkbox"/> Delay treatment _____ week(s)		
Blood work to be done within 96 hours prior to treatment.		
Dose modification for: <input type="checkbox"/> Dermatologic toxicity <input type="checkbox"/> Other Toxicity		
Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____		
<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: <input type="checkbox"/> Repeat in two weeks		
PANitumumab 6 mg/kg x _____ kg = _____ mg		
<input type="checkbox"/> Dose Modification: _____ mg/kg x _____ kg = _____ mg		
IV in 100 mL NS over 1 hour. If tolerated, administer over 30 minutes in subsequent cycles. Use 0.2 micron in-line filter.		
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 _____.		
CBC & Diff, creatinine, total bilirubin, ALT, magnesium prior to each cycle		
If clinically indicated:		
<input type="checkbox"/> CEA <input type="checkbox"/> CA19-9 <input type="checkbox"/> ECG		
<input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> albumin <input type="checkbox"/> calcium <input type="checkbox"/> GGT <input type="checkbox"/> sodium		
<input type="checkbox"/> potassium		
<input type="checkbox"/> Other tests:		
<input type="checkbox"/> Weekly Nursing Assessment for rash:		
<input type="checkbox"/> Consults:		
<input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: