**PROTOCOL CODE: GIAVPANI**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht__________ cm</th>
<th>Wt__________ kg</th>
<th>BSA __________ m²</th>
</tr>
</thead>
</table>

**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:**

- [ ] Delay treatment ______ week(s)

**Dose modification for:**

- [ ] Dermatologic toxicity
- [ ] Other Toxicity

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm ___________________________

- [ ] 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

**TREATMENT:**

- [ ] Repeat in two weeks

PANitumumab 6 mg/kg x ______ kg = ________ mg

- [ ] Dose Modification: 4.5 mg/kg OR 3 mg/kg (circle one) x ______ kg = ________ mg

IV in 100 mL NS over 1 hour. Use 0.22 micron in-line filter.

If tolerated, administer over 30 minutes in subsequent cycles. For PANitumumab doses greater than 1000 mg, use 150 mL NS and infuse over 1 hour 30 min each cycle.

**RETURN APPOINTMENT ORDERS**

- [ ] Return in **two** weeks for Doctor and Cycle ________.
- [ ] Return in **four** weeks for Doctor and Cycle ________.

Sodium, potassium, magnesium and calcium prior to each cycle

- [ ] CEA
- [ ] Other tests:
- [ ] Weekly Nursing Assessment for rash:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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**BC Cancer Provincial Preprinted Order GIAVPANI**

Created: 1 Jul 2009    Revised: 1 Apr 2020