



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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

# PROTOCOL CODE: GIAVRALOX

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## DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:** \_\_\_\_\_ **To be given:** \_\_\_\_\_ **Cycle #:** \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

Delay treatment \_\_\_\_\_ week(s)

CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L and Creatinine clearance greater than or equal to 65 mL/min**

Dose modification for:  Hematology  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  8 mg or  12 mg (select one) PO prior to treatment

**NO ice chips**

Other: \_\_\_\_\_

**\*\*Have Hypersensitivity Reaction Tray & Protocol Available\*\***

### CHEMOTHERAPY:

raltitrexed  3 mg/m<sup>2</sup> or  \_\_\_\_\_ mg/m<sup>2</sup> (select one) x BSA = \_\_\_\_\_ mg IV in 100 mL NS over 15 minutes

oxaliplatin  130 mg/m<sup>2</sup> or  \_\_\_\_\_ mg/m<sup>2</sup> (select one) x BSA = \_\_\_\_\_ mg IV in 250 to 500 mL D5W over 120 minutes

To reduce incidence of vascular pain:

250 mL total volume of D5W to be administered concurrently with oxaliplatin at a maximum rate of 125 mL/h

500 mL total volume of D5W to be administered concurrently with oxaliplatin at a maximum rate of 250 mL/h

Prior to starting oxaliplatin, flush lines with D5W (oxaliplatin is NOT compatible with NS)

### RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_

Last Cycle. Return in \_\_\_\_\_ week(s)

**CBC & diff, platelets, creatinine, bilirubin, ALT, alkaline phosphatase, albumin, sodium, potassium, magnesium, calcium** prior to each cycle

CEA  CA 19-9

ECG (if clinically indicated)

Other tests:

Book for PICC assessment / insertion per Centre process

Book for IVAD insertion per Centre process

Weekly Nursing Assessment for (specify concern): \_\_\_\_\_

Consults:

See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**