

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: GIA

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DOCTOR'S ORDERS	Ht	cm Wt	kg BSA	m²
REMINDER: Please ensure drug allergies	and previous b	leomycin are docum	nented on the A	llergy & Alert Form
DATE: To be given: Cycle #:				
Date of Previous Cycle:				
☐ Delay treatment week(s)				
☐ CBC & Diff day of treatment				
May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10 ⁹ /L, platelets greater than				
or equal to 100 x 109/L				
Dose modification for:				
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 12 mg PO prior to treatment				
Other:				
CHEMOTHERAPY:				
DOYOrubicin 60 mg/m² y DSA - mg				
DOXOrubicin 60 mg/m² x BSA = mg ☐ Dose Modification:% = mg/m² x BSA = mg				
IV push				
'				
RETURN APPOINTMENT ORDERS				
☐ Return in three weeks for Doctor and Cyc	:le			
☐ Last Cycle. Return in week(s	5)			
CBC & Diff, creatinine, total bilirubin, ALT, INR, albumin prior to each cycle				
If clinically indicated:				
il clinically indicated.				
☐ AFP ☐ ECG				
☐ alkaline phosphatase ☐ GGT ☐ soc	dium 🗌 pota	ssium		
☐ INR weekly				
☐ Other tests:				
☐ Consults:				
☐ See general orders sheet for additional	requests.			
			6:0::-	
DOCTOR'S SIGNATURE:			SIGNAT	URE:
			UC:	