



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: GIEFFOXRT

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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) <input type="checkbox"/> CBC & Diff, Platelets day of treatment May proceed with doses as written if within 72 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> 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 <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (<i>select one</i>) PO prior to treatment NO ice chips <input type="checkbox"/> Other: _____				
Every 2 weeks <input type="checkbox"/> During Radiation(Dual Modality) (3 cycles) or <input type="checkbox"/> Post Radiation (3 cycles)				
CHEMOTHERAPY: (Note - continued over 2 pages) <input type="checkbox"/> Repeat in two weeks All lines to be primed with D5W oxaliplatin 85 mg/m² x BSA = _____mg <input type="checkbox"/> Dose Modification: _____mg/m ² x BSA = _____mg IV in 250 to 500 mL D5W over 2 hours* leucovorin 200 mg/m² x BSA = _____ mg IV in 250 mL D5W over 2 hours* *oxaliplatin and leucovorin may be infused over same two hour period by using a Y-site connector placed immediately before the injection site <p style="text-align: center;">*** SEE PAGE 2 FOR FLUOROURACIL CHEMOTHERAPY ***</p>				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	



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DATE:

CHEMOTHERAPY: (Continued)

fluorouracil 400 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg
IV push THEN

fluorouracil 1600 mg/m² x BSA = _____ mg**

Dose Modification: _____ mg/m² x BSA = _____ mg**
IV over 46 hours in D5W to a total volume of 230 mL by continuous infusion at 5 mL/h via Baxter LV5 INFUSOR

** For 3000 to 4600 mg dose, **select INFUSOR per dose range below (doses outside dose banding range are prepared as ordered):**

Dose Banding Range	Dose Band INFUSOR (mg)	Pharmacist Initial and Date
Less than 3000 mg	Pharmacy to mix specific dose	
3000 to 3400 mg	3200 mg	
3401 to 3800 mg	3600 mg	
3801 to 4200 mg	4000 mg	
4201 to 4600 mg	4400 mg	

RETURN APPOINTMENT ORDERS

During Radiation (Dual Modality)

Book 3 cycles of chemotherapy every 2 weeks starting Week 1 radiation.

- Return in **two** weeks for Doctor and Cycle _____
- Last Cycle with Radiation. Return in 2 weeks for Doctor and Cycle _____ .

Post Radiation

- Return in **two** weeks for Doctor and Cycle _____
- Return in **four** weeks for Doctor and Cycles _____ & _____. Book chemo x 2 cycles
- Last Cycle Post Radiation (3 cycles completed). Return in _____ week(s)

CBC & Diff, Platelets, Creatinine, Bili, ALT, Alk Phos, Sodium, Potassium, Mg, Ca

prior to each cycle

- INR weekly INR prior to each cycle ECG
- CEA CA 19-9 SCC
- Other tests:
- Book for PICC assessment / insertion per Centre process
- Book for IVAD insertion per Centre process
- Weekly Nursing Assessment for (specify concern): _____
- Radiation consult before Cycle _____ or in _____ weeks.
- See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: