PROTOCOL CODE: GIENDO2

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 #:**

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 than or equal to 100 x 10^9/L, creatinine clearance greater than 50 mL/min, total bilirubin less than 25 micromol/L**

Dose modification for: ☐ **Hematology** ☐ **Renal Dysfunction** ☐ **Other Toxicity** _____
Proceed with treatment based on blood work from _____

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

ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Days 1 to 5
dexamethasone 12 mg PO 30 to 60 minutes prior to treatment on Day 1, then **4 mg** PO BID on Days 2 to 5
aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, then **80 mg** PO daily on Day 2 and 3

If treatment on Day 22:
ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 22
dexamethasone 12 mg PO 30 to 60 minutes prior to treatment on Day 22

TREATMENT:

streptozocin 500 mg/m^2/day x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV daily in 100 mL NS over 15 minutes x 5 consecutive days **(Days 1 to 5)**

DOXOrubicin 50 mg/m^2 x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV push on **Days 1** and **22**
OR
fluorouracil 400 mg/m^2 x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV push daily x 5 consecutive days **(Days 1 to 5)**

RETURN APPOINTMENT ORDERS

☐ Return in **six** weeks for Doctor and Cycle _____. Book chemo on **Days 1 to 5** and **Day 22**
☐ Last Cycle. Return in _____ week(s)

CBC & Diff creatinine, total bilirubin, ALT prior to each treatment on **Days 1** and **22**

If clinically indicated:
☐ **ECG** ☐ **24-hour urine 5-HIAA**
☐ **alkaline phosphatase** ☐ **albumin** ☐ **GGT** ☐ **sodium** ☐ **potassium**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: