PROTOCOL CODE: GIFOLFIRI

DOCTOR’S ORDERS  
Ht________ cm  Wt________ kg  BSA________ m²

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

DATE:  
Date of Previous Cycle:  
☐ Delay treatment ______ week(s)

☐ 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:  
☐ 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 (circle one) PO prior to treatment

☐ Prophylactic atropine 0.3 mg SC

☐ Other: ______________________________

CHEMOTHERAPY:  (Note – continued over 2 pages)

☐ Repeat in two weeks  
☐ Repeat in two and in four weeks

irinotecan 180 mg/m² x BSA = ________ mg  
☐ Dose Modification: ________mg/m² x BSA = ________mg

IV in 500 mL D5W over 1 hour 30 minutes*

leucovorin 400 mg/m² x BSA = ________ mg  

IV in 250 mL D5W over 1 hour 30 minutes*

*irinotecan and leucovorin may be infused at the same time by using a Y-connector placed immediately before the injection site.

OR

leucovorin 20 mg/m² x BSA = ________ mg  

IV push

*** SEE PAGE 2 FOR FLUOROURACIL CHEMOTHERAPY ***

DOCTOR’S SIGNATURE:  
SIGNATURE:  
UC:  

BC Cancer Provincial Preprinted Order GIFOLFIRI
Created:  April 4, 2005  Revised:  1 Nov 2020

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DATE:

CHEMOTHERAPY: (Continued)

fluorouracil 400 mg/m^2 x BSA = ________ mg
☐ Dose Modification: ___________mg/m^2 x BSA = ________ mg
IV push THEN

fluorouracil 2400 mg/m^2 x BSA = ________ mg**
☐ Dose Modification: ___________mg/m^2 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 5500 mg dose, select INFUSOR per dose range below (doses outside dose banding range are prepared as ordered):

<table>
<thead>
<tr>
<th>Dose Banding Range</th>
<th>Dose Band INFUSOR (mg)</th>
<th>Pharmacist Initial and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3000 mg</td>
<td>Pharmacy to mix specific dose</td>
<td></td>
</tr>
<tr>
<td>3000 to 3400 mg</td>
<td>3200 mg</td>
<td></td>
</tr>
<tr>
<td>3401 to 3800 mg</td>
<td>3600 mg</td>
<td></td>
</tr>
<tr>
<td>3801 to 4200 mg</td>
<td>4000 mg</td>
<td></td>
</tr>
<tr>
<td>4201 to 4600 mg</td>
<td>4400 mg</td>
<td></td>
</tr>
<tr>
<td>4601 to 5000 mg</td>
<td>4800 mg</td>
<td></td>
</tr>
<tr>
<td>5001 to 5500 mg</td>
<td>5250 mg</td>
<td></td>
</tr>
<tr>
<td>Greater than 5500 mg</td>
<td>Pharmacy to mix specific dose</td>
<td></td>
</tr>
</tbody>
</table>

Counsel patient to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO q 2 h until diarrhea free x 12 hours (may take 4 mg PO q 4 h during the night).

atropine 0.3 to 0.6 mg SC prn repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.

RETURN APPOINTMENT ORDERS

☐ Return in two weeks for Doctor and Cycle _________
☐ Return in four weeks for Doctor and Cycles _____ & ______. Book chemo x 2 cycles
☐ Return in six weeks for Doctor and Cycle _____, _____ & ______. Book chemo x 3 cycles.
☐ Last Cycle. Return in _________ week(s)

CBC & Diff, Platelets, prior to each cycle
Billirubin, ALT, Alk Phos, Creatinine prior to each doctor’s visit
☐ INR weekly ☐ INR prior to each cycle
☐ CEA ☐ CA 19-9
☐ 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:

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