## DOCTOR'S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
</tr>
</thead>
</table>

### 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:

- [ ] 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 1.2 \( \times 10^9/\text{L} \), Platelets greater than or equal to 75 \( \times 10^9/\text{L} \)**

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

- NO ice chips
- [ ] Other:

### CHEMOTHERAPY:  (Note – continued over 2 pages)

- [ ] Repeat in two weeks  
- [ ] Repeat in two and in four weeks

All lines to be primed with D5W

- **oxaliplatin** 85 mg/m² x BSA = _________ mg
  - [ ] Dose Modification: _________ mg/m² x BSA = _________ mg
  - IV in 250 to 500 mL D5W over 2 hours*

- **leucovorin** 400 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

OR

- **leucovorin** 20 mg/m² x BSA = _________ mg
  - IV push

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

### DOCTOR'S SIGNATURE:

<table>
<thead>
<tr>
<th>SIGNATURE:</th>
</tr>
</thead>
</table>

UC:

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*BC Cancer Provincial Preprinted Order GIFOLFOX  
Created: **April 4, 2005** Revised: **1 May 2018**
**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: GIFOLFOX**

**DATE:**

**CHEMOTHERAPY: (Continued)**

fluorouracil 400 mg/m² x BSA = ______ mg

☐ Dose Modification: ________ mg/m² x BSA = ________ mg

IV push THEN

fluorouracil 2400 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 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>

**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 Cycles _____. ____ & _____. Book chemo x 3 cycles

☐ Last Cycle. 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

☐ 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:**