PROTOCOL CODE: GIFUC

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 48 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 100 x 10^9/L, creatinine clearance greater than or equal to 60 mL/minute**

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** *(select one)* PO prior to treatment

☐ **Other:**

TREATMENT:

CISplatin 25 mg/m^2 x BSA = _____mg

☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg

IV in 100 to 250 mL NS over 30 minutes weekly on Days 1, 8, 15 and 22

fluorouracil 1000 mg/m^2/day x BSA = _____mg**/day** for 2 days. Total dose = _____ mg over 48 hours. (Maximum dose = 5000 mg/48 hours) on Days 1, 8, 15 and 22

☐ Dose Modification:____% = _____ mg/m^2/**day** x BSA = _____ mg**/day** for 2 days. Total dose =_____ mg over 48 h. (Maximum dose = 5000 mg/48 hours) on Days 1, 8, 15 and 22

IV in D5W to a total volume of 240 mL by continuous infusion at 5 mL/h via Baxter LV5 infusor weekly

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle _____. Book chemo weekly x 4
☐ Last Cycle. Return in _____ week(s)

CBC & Diff, creatinine, total bilirubin, ALT prior to each treatment

If clinically indicated:
☐ **CEA** ☐ **CA19-9** ☐ **ECG**
☐ **alkaline phosphatase** ☐ **albumin** ☐ **GGT** ☐ **sodium** ☐ **potassium**
☐ **INR** weekly ☐ **INR** prior to each cycle
☐ **Other tests:**
☐ **Book for PICC assessment / insertion per Centre process**
☐ **Book for IVAD insertion per Centre process**
☐ **Weekly nursing assessment**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: