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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

**PROTOCOL CODE: GIFUC**

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<table>
<thead>
<tr>
<th><strong>DOCTOR'S ORDERS</strong></th>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REMEMBER:</strong> Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</td>
<td></td>
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<tr>
<td><strong>DATE:</strong></td>
<td>To be given:</td>
<td>Cycle #:</td>
<td></td>
</tr>
<tr>
<td><strong>Date of Previous Cycle:</strong></td>
<td></td>
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</tr>
</tbody>
</table>

- [ ] Delay treatment _____ week(s)
- [ ] CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 48 hours **ANC greater than or equal to** 1.0 x 10⁹/L, **Platelets greater than or equal to** 100 x 10⁹/L, **Creatinine Clearance greater than or equal to** 60 mL/minute

Dose modification for: [ ] Hematology  [ ] Other Toxicity

**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:

**CHEMOTHERAPY:**

- CISplatin 25 mg/m² x BSA = _______mg
  - [ ] Dose Modification: _______% = ______ mg/m² x BSA = _________ mg
  - IV in 100 mL NS over 30 minutes weekly x ______ weeks

- fluorouracil 1000 mg/m²/day x BSA = ______ mg/day for 2 days (total dose = ______ mg over 48 hours)
  - [ ] Dose Modification: _______% = ______ mg/m²/day x BSA = ______ mg/day for 2 days (total dose = ______ mg over 48 h)
  - IV in D5W to a total volume of 240 mL by continuous infusion at 5 mL/h via Baxter LV5 infusor weekly
    (Maximum dose = 5000 mg/48 hours) x _________ weeks

**RETURN APPOINTMENT ORDERS**

- [ ] Book weekly chemo x _________ (Max 4). 1 cycle = 1 week
- [ ] Return in ______ weeks for Doctor and Cycles _______ to _______.
- [ ] Last Cycle. Return in _________ week(s)

**CBC & Diff, Platelets, Creatinine** prior to each cycle

If clinically indicated: [ ] Bilirubin  [ ] Imaging Studies: __________________________

- [ ] 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:**

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BC Cancer Provincial Preprinted Order GIFUC

Created: April 4, 2005 Revised: 9 Nov 2020