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: GIFUPART

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: To be given: Cycle #:

Date of Previous Cycle:

☐ Delay treatment ______ week(s)
☐ CBC & Diff, Platelets, Creatinine day of treatment

May proceed with doses as written if within 24 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 mL/min.

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 chemotherapy
☐ Dexamethasone 8 mg PO prior to chemotherapy
☐ Metoclopramide 10-20 mg PO prn prior to chemotherapy
☐ Prochlorperazine 10 mg PO prn prior to chemotherapy
☐ Other:

PREHYDRATION: 1000 mL NS over 1 hr prior to Cisplatin

CHEMOTHERAPY: Chemotherapy begins on Day 1 of each radiotherapy course

Cisplatin 60 mg/m² x BSA = _________mg
☐ Dose Modification: _______% = ______mg/m² x BSA = _________mg

IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g mannitol over 1 hour on Day 1, Weeks 1 and 5.

Fluorouracil 1000 mg/m²/day x BSA = _________mg/day for 4 days (total dose = _________mg over 96 h)
☐ Dose Modification: _______% = ______mg/m²/day x BSA = ______mg/day for 4 days (total dose = ________mg over 96h)

IV in D5W to a total volume of 480 mL by continuous infusion at 5 mL/h via TWO Baxter LV5 infusors (Total dose should be divided equally – each 240 mL over 48 hours) on Weeks 1 and 5.

RETURN APPOINTMENT ORDERS

☐ Return in four weeks for Doctor and book chemo Cycle #2, Week 5 with RT
☒ Return in 2 days for second fluorouracil infusor
☐ Return in __________ weeks for Doctor assessment during RT
☐ Last Cycle. Return in __________ week(s)

CBC & Diff, Platelets weekly prior to radiation therapy
CBC & Diff, Platelets, Creatinine, Electrolytes prior to chemotherapy Weeks 1 and 5.
If clinically indicated: ☐ Bili ☐ Alk Phos ☐ GGT ☐ ALT ☐ CEA ☐ SCC
☐ 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:

BC Cancer Provincial Preprinted Order GIFUPART
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