



Provincial Health Services Authority

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: GIGAJCOX**

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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 96 hours **ANC greater than or equal to 1.2 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/L, Creatinine Clearance greater than 50 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: \_\_\_\_\_

**CHEMOTHERAPY:** All lines to be primed with D5W  Repeat in three weeks

oxaliplatin 130 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 to 500 mL D5W over 2 hours

RN to administer 250 to 1000 mL D5W concurrently with oxaliplatin infusion, titrated to reduce phlebitis discomfort for patient

capecitabine  1000 mg/m<sup>2</sup> or  \_\_\_\_\_ mg/m<sup>2</sup> (select one) x BSA x ( \_\_\_\_\_ %) = \_\_\_\_\_ mg PO BID x 14 days  
(refer to [Capecitabine Suggested Tablet Combination Table](#) for dose rounding)

**RETURN APPOINTMENT ORDERS**

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_

Return in **six** weeks for Doctor and Cycle \_\_\_\_\_ & \_\_\_\_\_. Book chemo x 2 cycles

Last Cycle. Return in \_\_\_\_\_ week(s)

**CBC & Diff, Platelets, Creatinine, Bilirubin, ALT, Alk Phos, Sodium, Potassium, Magnesium, Calcium** prior to each cycle

INR weekly  INR prior to each cycle

ECG

Other tests:

Weekly Nursing Assessment for (specify concern): \_\_\_\_\_

Consults:

See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**