### PROTOCOL CODE: GIGAJCOX

**DOCTOR'S ORDERS**

<table>
<thead>
<tr>
<th>Ht (cm)</th>
<th>Wt (kg)</th>
<th>BSA (m²)</th>
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**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 10⁹/L, Platelets greater than or equal to 75 x 10⁹/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/m² x BSA = ________ mg
  
  - [ ] Dose Modification: ________mg/m² 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/m² or [ ] ______ mg/m² *(select one)* x BSA x ( _______%) = ________ mg PO bid with food x 14 days
  
  *(Round to nearest 150 mg)*

**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:**

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BC Cancer Provincial Preprinted Order GIGAJCOX
Created: 1 Dec 2017  Revised: 9 Nov 2020