**PROTOCOL CODE: GIGAJCPRT**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
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</table>

**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 72 hours **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L and Creatinine Clearance greater than or equal to 60 mL/minute**

Dose modification for:  
- [ ] Hematology
- [ ] Renal Dysfunction
- [ ] Other Toxicity: ___________________

Proceed with treatment based on blood work from

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm ___________________________.

**Cycles 1 and 2, 4 and 5:**
- netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CISplatin
- dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to CISplatin

**Cycle 3:**
- [ ] ondansetron 8 mg PO prior to chemotherapy
- [ ] dexamethasone 8 PO prior to chemotherapy
- [ ] prochlorperazine 10 mg PO prior to chemotherapy OR
- [ ] metoclopramide 10 mg PO prior to chemotherapy

**HYDRATION:**
- 1000 mL NS over 1 hr prior to CISplatin.

**CHEMOTHERAPY:**

- [ ] Cycle 1: 3 week cycle (weeks 1-3) pre-RT
- [ ] Cycle 2: 3 week cycle (weeks 4-6) pre-RT
- [ ] Cycle 4: 3 week cycle starting 2-4 weeks post-RT
- [ ] Cycle 5: 3 week cycle post-RT

**CISplatin 60 mg/m² x BSA = ____________ mg**

- [ ] Dose Modification: ______% = ______ mg/m² x BSA = ____________ mg

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

**capecitabine 1000 mg/m² x BSA x ( ______% ) = ____________ mg PO BID with food x 14 days**

  (Total daily dose = 2000 mg/m²) (Round dose to nearest 150 mg)

- [ ] Cycle 3: Over 5 weeks (weeks 7-11)
  **capecitabine 825 mg/m² x BSA x ( ______% ) = ____________ mg PO BID with food each RT day only. The second dose should be taken 10-12 hours after the first dose.**

  (Total daily dose = 1650 mg/m²) To be dispensed in appropriate weekly intervals, Monday-Friday with Saturday, Sunday and Statutory holidays off. (Round dose to nearest 150 mg)

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
## RETURN APPOINTMENT ORDERS

<table>
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- Return in **three** weeks for Doctor and chemo Cycle 2 or 5 (circle one).  
  Book chemo for **Day 1**.
- Return in **three** weeks for Doctor and Cycle 3 oral chemo.
- Return in ______ weeks for Doctor assessment during RT.
- Return in ______ weeks (2-4 weeks) after RT completed for Doctor and Cycle 4.  
  Book chemo for **Day 1**.
- Last Cycle. Return in _____ week(s).

<table>
<thead>
<tr>
<th>CBC &amp; diff, platelets, creatinine prior to each treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC &amp; diff, platelets, creatinine weekly during radiation therapy</td>
</tr>
</tbody>
</table>

If clinically indicated:  
- Tot. Prot  
- Albumin  
- Bilirubin  
- GGT  
- Alk Phos.  
- AST  
- LDH  
- ALT  
- BUN  
- Electrolytes  
- INR weekly  
- INR prior to each cycle  
- Other tests:  

- Weekly Nursing Assessment for (specify concern): ________________

- Consults:

- See general orders sheet for additional requests.

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| SIGNATURE: |

| UC: |

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

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