



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: GIGAJCPRT

Page 1 of 2

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** day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $75 \times 10^9/L$, 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:

dexamethasone ☐ **8 mg** or ☐ **12 mg** (select one) PO 30 to 60 minutes prior to CISplatin

AND select ONE of the following:	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin and ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CISplatin

If additional antiemetic required:

☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to CISplatin

HYDRATION: 1000 mL NS over 1 hour prior to CISplatin.

TREATMENT:

☐ **Cycle 1:** 3 week cycle (weeks 1-3) pre-RT

☐ **Cycle 4:** 3 week cycle starting 2-4 weeks post-RT

☐ **Cycle 2:** 3 week cycle (weeks 4-6) pre-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 x 14 days

(refer to [Capecitabine Suggested Tablet Combination Table](#) for dose rounding)

☐ **Cycle 3:** Over 5 weeks (weeks 7-11)

capecitabine 825 mg/m² x BSA x (_____ %) = _____ mg PO BID each RT day only. (refer to [Capecitabine Suggested Tablet Combination Table](#) for dose rounding). The second dose should be taken 10-12 hours after the first dose. To be dispensed in appropriate weekly intervals, Monday-Friday with Saturday, Sunday and Statutory holidays off.

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SIGNATURE:

UC:



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Page 2 of 2

RETURN APPOINTMENT ORDERS

DATE:

- ☐ Return in **three** weeks for Doctor and chemo Cycle ☐ 2 or ☐ 5 (select 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).

Cycles 1, 2, 4, and 5: **CBC & Diff, creatinine, total bilirubin, ALT** prior to each treatment

Cycle 3: **CBC & Diff, platelets, creatinine** weekly during radiation therapy

If clinically indicated during Cycle 3: ☐ **total bilirubin** weekly ☐ **ALT** weekly

If clinically indicated:

- ☐ **CEA** ☐ **CA19-9** ☐ **ECG**
- ☐ **albumin** ☐ **GGT** ☐ **alkaline phosphatase**
- ☐ **sodium** ☐ **potassium**
- ☐ **INR** weekly ☐ **INR** prior to each cycle
- ☐ **Other tests:**
- ☐ **Weekly nursing assessment** for (specify concern): _____
- ☐ **Consults:**
- ☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: