PROTOCOL CODE: GIGAJFFOX

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 #: ______ and ______

Date of Previous Cycle:

☐ Delay treatment ______ week(s)

☐ CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 72 hours ANC greater than or equal to 1.2 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L

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

NO ice chips

☐ Other:

CHEMOTHERAPY: (Note – continued over 2 pages)

☐ Repeat in two weeks ☐ Repeat in two and in four weeks

All lines to be primed with D5W

oxaliplatin 85 mg/m² x BSA = _________ mg

☐ Dose Modification: _________mg/m² x BSA = _________mg

IV in 250 to 500 mL D5W over 2 hours*

*oxaliplatin and leucovorin may be infused over same two hour period by using a Y-site connector placed immediately before the injection site.

leucovorin 400 mg/m² x BSA = _________ mg IV in 250 mL D5W over 2 hours

*** SEE PAGE 2 FOR FLUOROURACIL CHEMOTHERAPY ***

DOCTOR’S SIGNATURE: SIGNATURE:

UC:
DATE:

CHEMOTHERAPY: (Continued)

fluorouracil 400 mg/m$^2$ x BSA = _________ mg

☐ Dose Modification: _________mg/m$^2$ x BSA = _________mg

IV push THEN

fluorouracil ☐ 2400 mg/m$^2$ or ☐ _________mg/m$^2$ (select one) x BSA = _________ mg**

☐ Dose Modification: _________mg/m$^2$ x BSA = _________mg**

IV over 46 hours in D5W to a total volume of 230 mL by continuous infusion at 5 mL/h via Baxter LV5 INFUSOR

** For 3000 to 5500 mg dose, select INFUSOR per dose range below (doses outside dose banding range are prepared as ordered):

<table>
<thead>
<tr>
<th>Dose Banding Range</th>
<th>Dose Band INFUSOR (mg)</th>
<th>Pharmacist Initial and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3000 mg</td>
<td>Pharmacy to mix specific dose</td>
<td></td>
</tr>
<tr>
<td>3000 to 3400 mg</td>
<td>3200 mg</td>
<td></td>
</tr>
<tr>
<td>3401 to 3800 mg</td>
<td>3600 mg</td>
<td></td>
</tr>
<tr>
<td>3801 to 4200 mg</td>
<td>4000 mg</td>
<td></td>
</tr>
<tr>
<td>4201 to 4600 mg</td>
<td>4400 mg</td>
<td></td>
</tr>
<tr>
<td>4601 to 5000 mg</td>
<td>4800 mg</td>
<td></td>
</tr>
<tr>
<td>5001 to 5500 mg</td>
<td>5250 mg</td>
<td></td>
</tr>
<tr>
<td>Greater than 5500 mg</td>
<td>Pharmacy to mix specific dose</td>
<td></td>
</tr>
</tbody>
</table>

RETURN APPOINTMENT ORDERS

☐ Return in two weeks for Doctor and Cycle ______

☐ Return in four weeks for Doctor and Cycles _____ & ______. Book chemo x 2 cycles.

☐ Return in six weeks for Doctor and Cycles _____ & _____ & ______. Book chemo x 3 cycles.

☐ Last Cycle. Return in _______ week(s).

CBC & Diff, Platelets, Creatinine, Bili, ALT, Alk Phos, Sodium, Potassium, Mg, Ca prior to each cycle

☐ INR weekly       ☐ INR prior to each cycle

☐ ECG

☐ Other tests:

☐ Book for PICC assessment / insertion per Centre process

☐ Book for IVAD insertion per Centre process

☐ Weekly Nursing Assessment for (specify concern): __________________________

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE:  

SIGNATURE:  

UC:  

BC Cancer Preprinted Order GIGAJFFOX  

Created: 1 Dec 2017 Revised: 9 Nov 2020