**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>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 #:

**Date of Previous Cycle:**

☐ Delay treatment _____ week(s)

☐ CBC & diff, platelets, creatinine day of treatment

May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, and Creatinine Clearance greater than or equal to 60 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 chemotherapy
- **dexamethasone 8 mg** PO prior to chemotherapy
- **aprepitant 125 mg** PO prior to chemotherapy Day 1 and **80 mg** PO post chemotherapy once daily on Day 2 and 3
- **metoclopramide 10 mg** PO prn prior to chemotherapy
- **prochlorperazine 10 mg** PO prn prior to chemotherapy

- Other:

**PRE-HYDRATION:**

1000 mL NS over 1 hour pre-CISplatin

**CHEMOTHERAPY:**

CISplatin 80 mg/m² x BSA = _________ mg

☐ Dose Modification: _________% = _________ mg/m² x BSA = _________ mg

IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulphate, 30 g mannitol over 1 hour

☐ Cycle 1 Only:

  - trastuzumab (HERCEPTIN) 8 mg/kg x _______ kg = _________mg IV in 250 mL NS over 1 hour 30 minutes.

  Observe for 1 hour post infusion**

  OR

  ☐ Cycle 2

  - trastuzumab (HERCEPTIN) 6 mg/kg x _______ kg = _________mg IV in 250 mL NS over 1 hour every three weeks x _______Cycle(s) Observe for 30 minutes post infusion**

☐ Cycle 3 and Subsequent:

  - trastuzumab (HERCEPTIN) 6 mg/kg x _______ kg = _________mg IV in 250 mL NS over 30 minutes every three weeks x _______Cycle(s) Observe for 30 minutes post infusion**.

**Observation period not required after 3 treatments with no reaction

- **acetaminophen 325 to 650 mg** PO PRN for headache and rigors

- **capecitabine 1000 mg/m² x BSA x ( _________%) = _________ mg** PO bid with food x 14 days

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

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

UC:

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BC Cancer Provincial Preprinted Order GIGAVCCT
Created: 1 Feb 2010 Revised: 1 Jun 2018
DATE:

**RETURN APPOINTMENT ORDERS**

- Return in **three** weeks for Doctor and Cycle ______
- Return in ______ weeks for Doctor and Cycle ______
- Last Cycle. Return in **three** weeks for GIGAVTR (to continue single agent trastuzumab)

**CBC & Diff, Platelets, Creatinine, Sodium, Potassium** prior to each cycle

- If clinically Indicated:  
  - [ ] Bilirubin  
  - [ ] ALT  
  - [ ] Alk Phos  
  - [ ] MUGA scan or [ ] Echocardiogram  
  - [ ] ECG  
  - [ ] CEA  
  - [ ] CA 19-9

- [ ] Radiologic evaluation
- [ ] 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:**