

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, creatinine** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$, 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 _____

dexamethasone 8 mg PO 30 to 60 minutes prior to chemotherapy

and **select ONE** of the following:

<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to chemotherapy
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to chemotherapy
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to chemotherapy

☐ **Other:**
**** Have Hypersensitivity Reaction Tray & Protocol Available****
PRE-HYDRATION: 1000 mL NS over 1 hour pre-CISplatin

TREATMENT:
☐ **Cycle 1 Only:**
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 sulfate, 30 g mannitol over 1 hour

trastuzumab 8 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 1 hour 30 minutes.

Observe for 1 hour post infusion**

Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
trastuzumab		

acetaminophen 325 to 650 mg PO PRN for headache and rigors

fluorouracil 800 mg/m²/day x BSA = _____ mg/day for 5 days (total dose for each 5 day infusor = _____ mg over 120 h)

☐ Dose Modification: _____ % = _____ mg/m²/day x BSA = _____ mg/day for 5 days (total dose for each 5 day infusor = _____ mg over 120 h)

IV in D5W to a total volume of 240 mL by continuous infusion at 2 mL/h via Baxter LV2 infusor.

(Total dose = 4000 mg/m² over 120 hours)

***** SEE PAGE 2 FOR TREATMENT CYCLE 2 ONWARDS*****
DOCTOR'S SIGNATURE:
SIGNATURE:
UC:

DATE:

**** Have Hypersensitivity Reaction Tray & Protocol Available****

TREATMENT:

☐ **Cycle 2:**

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 sulfate, 30 g mannitol over 1 hour

trastuzumab 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 1 hour Observe for 30 minutes post infusion

Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
trastuzumab		

acetaminophen 325 to 650 mg PO PRN for headache and rigors

fluorouracil 800 mg/m²/day x BSA = _____ mg/day for 5 days (total dose for each 5 day infusor = _____ mg over 120 h)

☐ Dose Modification: _____ % = _____ mg/m²/day x BSA = _____ mg/day for 5 days (total dose for each 5 day infusor = _____ mg over 120 h)

IV in D5W to a total volume of 240 mL by continuous infusion at 2 mL/h via Baxter LV2 infusor.

(Total dose = 4000 mg/m² over 120 hours)

☐ **Cycle 3 Onward:**

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 sulfate, 30 g mannitol over 1 hour

trastuzumab 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.

Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
trastuzumab		

acetaminophen 325 to 650 mg PO PRN for headache and rigors

fluorouracil 800 mg/m²/day x BSA = _____ mg/day for 5 days (total dose for each 5 day infusor = _____ mg over 120 h)

☐ Dose Modification: _____ % = _____ mg/m²/day x BSA = _____ mg/day for 5 days (total dose for each 5 day infusor = _____ mg over 120 h)

IV in D5W to a total volume of 240 mL by continuous infusion at 2 mL/h via Baxter LV2 infusor.

(Total dose = 4000 mg/m² over 120 hours)

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



Provincial Health Services Authority

PROTOCOL CODE: GIGAVCFT

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.

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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle ____ <input type="checkbox"/> Return in ____ weeks for Doctor and Cycle ____ <input type="checkbox"/> Last Cycle. Return in three weeks for GIGAVTR (to continue single agent trastuzumab)	
CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle If clinically Indicated: <input type="checkbox"/> CEA <input type="checkbox"/> CA 19-9 <input type="checkbox"/> ECG <input type="checkbox"/> MUGA scan or <input type="checkbox"/> echocardiogram <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Book for PICC assessment / insertion per Centre process <input type="checkbox"/> Book for IVAD insertion per Centre process <input type="checkbox"/> Weekly nursing assessment for (specify concern): _____ <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: