**PROTOCOL CODE: GIGAVCOXT**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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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, platelets, creatinine day of treatment

May proceed with doses as written if within 96 hours ANC greater than or equal to $1.2 \times 10^9/L$, Platelets greater than or equal to $75 \times 10^9/L$, and Creatinine Clearance greater than or equal to $60 \text{ mL/minute}$

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 prior to chemotherapy
- **dexamethasone** 8 mg or 12 mg (circle one) prior to chemotherapy
- NO ice chips

**Other:**

**CHEMOTHERAPY:**

- oxaliplatin line to be primed with D5W; trastuzumab line to be primed with NS

oxaliplatin 130 mg/m² x BSA = ________ mg

- [ ] Dose Modification: __________ mg/m² x BSA = ________ mg

IV in 250 to 500 mL D5W over 2 hours

- [ ] 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 PRN for headache and rigors
- capecitabine 1000 mg/m² or ______ x BSA x (_______ %) = ________ mg bid with food x 14 days

(Round dose to nearest 150 mg)

**DOCTOR’S SIGNATURE:**

**UC:**

**BC Cancer Provincial Preprinted Order GIGAVCOXT**

Created: 1 Feb 2019  Revised: 1 May 2019
### RETURN APPOINTMENT ORDERS

- Return in three weeks for Doctor and Cycle ______
- Return in six weeks for Doctor and Cycle _____ & _____. Book chemo x 2 cycles
- Last Cycle. Return in three weeks for GIGAVTR (to continue single agent trastuzumab)

<table>
<thead>
<tr>
<th>CBC &amp; Diff, Platelets, Creatinine, Bili, ALT, Alk Phos, Sodium, Potassium, Mg, Ca prior to each cycle</th>
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<tbody>
<tr>
<td>□ INR weekly □ INR prior to each cycle</td>
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<tr>
<td>□ ECG □ CEA □ CA 19-9</td>
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<tr>
<td>□ Other tests: □ MUGA scan or □ Echocardiogram</td>
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<tr>
<td>□ Radiologic evaluation</td>
</tr>
<tr>
<td>□ Weekly Nursing Assessment for (specify concern): ______________</td>
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<tr>
<td>□ Consults:</td>
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<tr>
<td>□ See general orders sheet for additional requests.</td>
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