**Doctor’s Orders**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
</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 x 10⁹/L, Platelets greater than or equal to 75 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** prior to chemotherapy
- **Dexamethasone 8 mg or 12 mg** (circle one) prior to chemotherapy
- NO ice chips
- **Other:**

**Chemotherapy:**  

- Repeat in three weeks

**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 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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand (Pharmacist to complete. Please print.)</th>
<th>Pharmacist Initial and Date</th>
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<td>Trastuzumab</td>
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- **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:**

**Signature:**

**UC:**
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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

**PROTOCOL CODE: GIGAVCOXT**

<table>
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<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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**CHEMOTHERAPY:**
- □ Repeat in three weeks
- □ Cycle 2
  - trastuzumab 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**

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

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- □ Cycle 3 and Subsequent:
  - 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

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- 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)

**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)

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

- □ INR weekly
- □ INR prior to each cycle
- □ ECG
- □ CEA
- □ CA 19-9
- □ Other tests: □ MUGA scan or □ Echocardiogram
- □ Radiologic evaluation
- □ Weekly Nursing Assessment for (specify concern): ______________________
- □ Consults:
- □ See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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BC Cancer Provincial Preprinted Order GiGAVCOXT
Created: 1 Feb 2019        Revised: 1 Feb 2020