



Provincial Health Services Authority

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: GIGAVCOX

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
<b>DATE:</b>		<b>To be given:</b>		<b>Cycle(s) #:</b>
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.2 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 50 mL/minute</b>				
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____				
<b>Proceed with treatment based on blood work from</b> _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.				
ondansetron 8 mg PO prior to treatment				
dexamethasone 8 mg or 12 mg ( <i>circle one</i> ) PO prior to treatment				
<b>NO ice chips</b>				
<input type="checkbox"/> <b>Other:</b> _____				
<b>CHEMOTHERAPY:</b> All lines to be primed with D5W <input type="checkbox"/> <b>Repeat in three weeks</b>				
oxaliplatin 130 mg/m <sup>2</sup> x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg				
IV in 250 to 500 mL D5W over 2 hours				
<input type="checkbox"/> RN to administer 250 to 1000 mL D5W concurrently with oxaliplatin infusion, titrated to reduce phlebitis discomfort for patient				
capecitabine 1000 mg/m <sup>2</sup> or _____ x BSA x ( _____ %) = _____ mg PO bid with food x 14 days (refer to <a href="#">Capecitabine Suggested Tablet Combination Table</a> for dose rounding)				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in <b>six</b> weeks for Doctor and Cycle _____ & _____. Book chemo x 2 cycles <input type="checkbox"/> Last Cycle. Return in _____ week(s)				
<b>CBC &amp; Diff, Platelets, Creatinine, Bilirubin, ALT, Alk Phos, Sodium, Potassium, Magnesium, Calcium</b> prior to each cycle				
<input type="checkbox"/> <b>INR</b> weekly <input type="checkbox"/> <b>INR</b> prior to each cycle <input type="checkbox"/> <b>ECG</b> <input type="checkbox"/> <b>CEA</b> <input type="checkbox"/> <b>CA 19-9</b> <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Weekly Nursing Assessment for (specify concern):</b> _____ <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>