**PROTOCOL CODE: GIGAVCOX**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<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(s) #:

<table>
<thead>
<tr>
<th>Date of Previous Cycle:</th>
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</thead>
<tbody>
<tr>
<td>□ Delay treatment _____ week(s)</td>
</tr>
<tr>
<td>□ CBC &amp; Diff, Platelets day of treatment</td>
</tr>
</tbody>
</table>

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, **Creatinine Clearance greater than or equal to** 50 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 treatment
- **Dexamethasone 8 mg** or 12 mg *(circle one)* PO prior to treatment
- NO ice chips
- [ ] Other:

**CHEMOTHERAPY:** All lines to be primed with D5W

- **Oxaliplatin** 130 mg/m² x BSA = ________ mg
- [ ] Repeat in three weeks
- □ Dose Modification: ________mg/m² x BSA = ________mg
- IV in 250 to 500 mL D5W over 2 hours
- **Capecitabine** 1000 mg/m² or ______ x BSA x ( _____ %) = ________ mg PO bid with food x 14 days
  (Round 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 ________ week(s)
- □ 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:
- □ 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 GIGAVCOX
Created: 1 Jan 2019
Revised: