

es Authority

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## **PROTOCOL CODE: GIGAVFFOXT**

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DOCTOR'S ORDERS	Ht	cm Wt	kg	BSA	m²	
REMINDER: Please ensure drug a	llergies and previ	ous bleomycin		d on the Allergy	/ & Alert Form	
DATE:	To be given:		Су	cle(s) #:		
Date of Previous Cycle:						
<ul> <li>Delay treatment week(s)</li> <li>CBC &amp; Diff day of treatment</li> </ul>						
May proceed with doses as written if within 72 hours <b>ANC</b> 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						
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						
<b>dexamethasone 8 mg</b> or <b>12 mg</b> ( <i>select one</i> ) PO prior to treatment (omit if below dexamethasone IV premedication ordered)						
<ul> <li>For prior oxaliplatin hypersensitivity reactions (Grade 1 or 2):</li> <li>45 minutes prior to oxaliplatin: dexamethasone 20 mg IV in 50 mL NS over 15 minutes</li> <li>30 minutes prior to oxaliplatin: diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg</li> <li>IV in NS 100 mL over 15 minutes (Y-site compatible)</li> </ul>						
NO ice chips						
Other:						
** Have	Hypersensitivity <b>F</b>	Reaction Tray &	Protocol Avail	able**		
TREATMENT: (Note – continued over 2 pages)						
☐ Repeat in two weeks						
oxaliplatin and leucovorin lines to be primed with D5W; trastuzumab line to be primed with NS.						
oxaliplatin 85 mg/m <sup>2</sup> x BSA =mg Dose Modification:mg/m <sup>2</sup> x BSA =mg IV in 250 to 500 mL D5W over 2 hours*						
leucovorin (select one if fluorouracil IV push ordered; optional if fluorouracil IV push omitted)						
Ieucovorin 400 mg/m <sup>2</sup> x BSA = mg IV in 250 mL D5W over 2 hours* *oxaliplatin and leucovorin may be infused over same two hour period by using a Y-site connector placed immediately before the injection site						
OR						
<mark>│ leucovorin 20 mg/m²</mark> x BSA = mg IV push						
*** CONTINUED ON PAGE 2 ***						
DOCTOR'S SIGNATURE:				SIGNATU	JRE:	
				UC:		



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ATE:			
	** Have Hypersensitivity Reaction Tray	y & Protocol Available**	
REATMENT: (Conti			
ourouracil IV push (o	ptional)		
🗌 fluorouracil	<b>400 mg/m²</b> x BSA = mg		
Dose Mo	dification:mg/m² x BSA =	mg	
IV push			
Cycle 1 Only:			
Cheoryo for 1 hour	<b>J/kg</b> x kg =mg IV in 250 post infusion**	0 mL NS over 1 hour 30 minutes.	
	umab brand as per Provincial Systemic Therapy F id (Pharmacist to complete. Please print.)	Pharmacist Initial and Date	
trastuzumab			
Cycle 2			
	<b>kg</b> x kg =mg IV in 250 mL N	IS over 1 hour	
Observe for 30 minu	ites post infusion**		
harmacy to select trastuz	umab brand as per Provincial Systemic Therapy F	Policy III-190	
-	d (Pharmacist to complete. Please print.)	Pharmacist Initial and Date	
trastuzumab			
trastuzumad			
Cycle 3 and Subsec	uent:		
trastuzumab 4 mg/		ver 30 minutes every two weeks xCycle	
Observe for 30 minu	•		
•	required after 3 treatments with no reaction		
harmacy to select trastuz	umab brand as per Provincial Systemic Therapy F	Policy III-190	
Drug Brar	d (Pharmacist to complete. Please print.)	Pharmacist Initial and Date	
trastuzumab			
	650 mg PO PRN for headache and rigors		
cetaminonhen 325 to	so mg r o r rai loi neadache and ngois		
-			
-	equired)		
ourouracil infusion (r	• •		
ourouracil infusion (r uorouracil 2400 mg/n Dose Modification	n² x BSA = mg/m² x BSA =mg/m² x BSA =mg/m²		
ourouracil infusion (r uorouracil 2400 mg/n Dose Modification: IV over 46 hours in D	n <sup>2</sup> x BSA = mg <sup>**</sup> mg/m <sup>2</sup> x BSA =mg 5W to a total volume of 230 mL by continuous	s infusion at 5 mL/h via Baxter LV5 INFUSOR	
ourouracil infusion (r uorouracil 2400 mg/n Dose Modification IV over 46 hours in Da For 3000 to 5500 mg	n² x BSA = mg/m² x BSA =mg/m² x BSA =mg/m²	s infusion at 5 mL/h via Baxter LV5 INFUSOR	
lourouracil infusion (r luorouracil 2400 mg/n Dose Modification IV over 46 hours in D For 3000 to 5500 mg repared as ordered):	mg/m <sup>2</sup> x BSA =mg/m <sup>2</sup> x BSA =mg 5W to a total volume of 230 mL by continuous dose <b>select INFUSOR per dose range belo</b>	s infusion at 5 mL/h via Baxter LV5 INFUSOR <b>ow (doses outside</b> dose banding range are	
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DATE:					
RETURN APPOINTMENT ORDERS					
<ul> <li>Return in <u>two</u> weeks for Doctor and Cycle</li> <li>Return in <u>four</u> weeks for Doctor and Cycles Book treatment x 2 cycles</li> <li>Return in <u>six</u> weeks for Doctor and Cycles Book treatment x 3 cycles</li> <li>Last Cycle. Return in two weeks for GIGAVTR (to continue single agent trastuzumab) – note GIGAVTR protocol is every three weeks.</li> </ul>					
CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle If clinically indicated: CEA CA 19-9 ECG MUGA scan or cechocardiogram alkaline phosphatase albumin GGT sodium potassium INR weekly INR prior to each cycle Other tests: Book for PICC assessment / insertion per Centre process Book for IVAD insertion per Centre process Weekly nursing assessment for (specify concern): Consults: See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:	SIGNATURE:				
	UC:				