**PROTOCOL CODE: GIGAVFFOXT**

**DOCTOR'S ORDERS**  
<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>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) #:**

**Date of Previous Cycle:**
- [ ] Delay treatment ______ week(s)
- [ ] CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to 1.2 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L**.

Dose modification for:  
- [ ] Hematology  
- [ ] Other Toxicity ________________________________

**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:**  
(Note – continued over 2 pages)

- [ ] Repeat in two weeks  
- [ ] Repeat in two and in four weeks

**oxaliplatin and leucovorin lines to be primed with D5W; trastuzumab line to be primed with NS.**

**oxaliplatin** 85 mg/m² x BSA = ________mg  
- [ ] Dose Modification: __________mg/m² x BSA = __________mg  
  - IV in 250 to 500 mL D5W over 2 hours*

**leucovorin** 400 mg/m² 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**

**leucovorin** 20 mg/m² x BSA = ________ mg  
- IV push

**fluorouracil** 400 mg/m² x BSA = ________ mg  
- [ ] Dose Modification: __________mg/m² x BSA = __________mg  
  - IV push

- [ ] Cycle 1 Only:  
  - **trastuzumab** 6 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>
</tr>
</thead>
<tbody>
<tr>
<td>trastuzumab</td>
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</tbody>
</table>

*** SEE PAGE 2 FOR FLUOROURACIL INFUSIONAL CHEMOTHERAPY ***

**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 and according to acceptable standards of care.

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**CHEMOTHERAPY: (Note – continued over 2 pages)**

- Repeat in two weeks  
- Repeat in two and in four weeks  
- Cycle 2

trastuzumab 4 mg/kg x ______ kg = ______ mg IV in 250 mL NS over 1 hour every two 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 4 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes every two 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 PO PRN for headache and rigors

**fluorouracil 2400 mg/m² x BSA = __________ mg**

- Dose Modification: _________ mg/m² x BSA = _________ mg**

IV over 46 hours in D5W to a total volume of 230 mL by continuous infusion at 5 mL/h via Baxter LV5 INFUSOR

** For 3000 to 5500 mg dose select INFUSOR per dose range below (doses outside dose banding range are prepared as ordered):**

<table>
<thead>
<tr>
<th>Dose Banding Range</th>
<th>Dose Band INFUSOR (mg)</th>
<th>Pharmacist Initial and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3000 mg</td>
<td>Pharmacy to mix specific dose</td>
<td></td>
</tr>
<tr>
<td>3000 to 3400 mg</td>
<td>3200 mg</td>
<td></td>
</tr>
<tr>
<td>3401 to 3800 mg</td>
<td>3600 mg</td>
<td></td>
</tr>
<tr>
<td>3801 to 4200 mg</td>
<td>4000 mg</td>
<td></td>
</tr>
<tr>
<td>4201 to 4600 mg</td>
<td>4400 mg</td>
<td></td>
</tr>
<tr>
<td>4601 to 5000 mg</td>
<td>4800 mg</td>
<td></td>
</tr>
<tr>
<td>5001 to 5500 mg</td>
<td>5250 mg</td>
<td></td>
</tr>
<tr>
<td>Greater than 5500 mg</td>
<td>Pharmacy to mix specific dose</td>
<td></td>
</tr>
</tbody>
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**SIGNATURE:**

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**RETURN APPOINTMENT ORDERS**

- [ ] Return in **two** weeks for Doctor and Cycle ____
- [ ] Return in **four** weeks for Doctor and Cycles ____ & _____. Book chemo x 2 cycles
- [ ] Return in **six** weeks for Doctor and Cycles ____ , ____ & _____. Book chemo x 3 cycles
- [ ] Last Cycle. Return in two weeks for GIGAVTR (to continue single agent trastuzumab) – note GIGAVTR protocol is every three weeks.

- 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
- [ ] 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:**