| DOCTOR'S ORDERS | Ht ______ cm Wt ______ kg BSA ______ m$^2$
|-----------------|-----------------|-----------------|-----------------|

**REMEMBER: 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** $1.2 \times 10^9/L$, **Platelets greater than or equal to** $75 \times 10^9/L$

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
- **Dexamethasone** [ ] 8 mg or [ ] 12 mg (select 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**

All lines to be primed with D5W

- **Oxaliplatin** $85 \text{ mg/m}^2 \times \text{BSA} = ________ \text{mg}$
  - **Dose Modification:** ________ \text{mg/m}^2 \times \text{BSA} = ________ \text{mg}
  - IV in 250 to 500 mL D5W over 2 hours*

- **Leucovorin** $400 \text{ mg/m}^2 \times \text{BSA} = ________ \text{mg}$ 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** $20 \text{ mg/m}^2 \times \text{BSA} = ________ \text{mg}$
  - IV push

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

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
DATE:

CHEMOTHERAPY: (Continued)

fluorouracil 400 mg/m^2 x BSA = ______ mg

☐ Dose Modification: __________mg/m^2 x BSA = _______mg

IV push THEN

fluorouracil 2400 mg/m^2 x BSA = __________ mg**

☐ Dose Modification: __________mg/m^2 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>
</table>

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 ______ 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:

☐ 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:  

BC Cancer Provincial Preprinted Order GIGAVFFOX  
Created: 1 Jan 2019  
Revised: 1 Nov 2020