**BC CANCER**

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: GIGAVRAMT

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### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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</thead>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

Date of Previous Cycle:

- [ ] Delay Treatment __________ week(s)
- [ ] CBC & Diff, platelets day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to** 1.5 x 10⁹/L, **Platelets greater than or equal to** 100 x 10⁹/L (ramucirumab days: BP less than or equal to 160/100, and urine dipstick negative or +1)

Dose modification for:

- [ ] Hematology
- [ ] Other Toxicity

Proceed with treatment based on blood work from

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm ___________________________.

- 45 minutes prior to Treatment:
  - Dexamethasone 10 mg IV in 50 mL NS over 15 minutes.

- 30 minutes prior to Treatment:
  - DiphenhydrAMINE 25 mg IV and ranitidine 50 mg IV in 50 mL NS over 20 minutes.

- No pre-medication required for PACLitaxel.

  If PACLitaxel not given or no pre-medication required for PACLitaxel give:
  - DiphenhydrAMINE 25 mg IV prior to ramucirumab.

- Other:

**CHEMOTHERAPY : Use a different filter for each drug.**

- Ramucirumab 8 mg/kg x ________ kg = __________ mg on **Days 1 and 15**
  - Dose Modification: ________ mg/kg x ________ kg = __________ mg
  - IV in 250 mL NS over 1 hour (use 0.22 micron in-line filter)

- PACLitaxel 80 mg/m² x BSA = __________ mg on **Days 1, 8 and 15**
  - Dose Modification: ________ mg/m² x BSA = __________ mg
  - IV in 100 mL to 250 mL (use non-DEHP bag) NS over 1 hour

**ADDITIONAL DOSE MODIFICATION IF REQUIRED:** Use a different filter for each drug.

- Ramucirumab ________ mg/kg x ________ kg = __________ mg IV in 250 mL NS over 1 hour (use 0.22 micron in-line filter)
  - (Blood pressure measurement pre and post doses for first 3 cycles and prior to ramucirumab for subsequent cycles)

- PACLitaxel ________ mg/m² x BSA = __________ mg
  - IV in 100 mL to 250 mL (use non-DEHP bag) NS over 1 hour

  (Use non-DEHP tubing with 0.22 micron or smaller in-line filter)

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

**BC Cancer Provincial Preprinted Order GIGAVRAMT**

Created: 1 May 2017 Revised: 1 Feb 2020
### Return Appointment Orders

- **Return in four weeks for Doctor and Cycle ______.**: Book chemo weekly x 3 weeks.
- **Last Cycle. Return in ___________ weeks from last treatment.**

**CBC & Diff, Platelets** prior to Days 1, 8 and 15

**Blood Pressure Measurement** prior to Days 1 and 15

**Dipstick Urine or laboratory urinalysis for protein** prior to Days 1 and 15. (If results are 2+ or higher, or greater than or equal to 1 g/L laboratory urinalysis for protein, then a **24 hr urine for total protein** must be done within 3 days prior to next cycle.)

- **Bilirubin**
- **AST**
- **ALT**
- **TSH**

- **CEA**
- **CA 19-9**

- **Other tests:**
- **Consults:**

- **See general orders sheet for additional requests.**

### Doctor's Signature:

**Signature:**

**UC:**

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