**PROTOCOL CODE: GIGECC**

<table>
<thead>
<tr>
<th>DOCTOR'S ORDERS</th>
<th>Ht_________ cm</th>
<th>Wt_________ kg</th>
<th>BSA_________ m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

To be given: __________________________  Cycle #: __________________________

**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 $1.5 \times 10^9/L$, Platelets greater than $100 \times 10^9/L$, and Creatinine Clearance greater than or equal to 60 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 chemotherapy
- **dexamethasone 8 mg or 12 mg (circle one)** prior to chemotherapy
- **aprepitant 125 mg PO** pre-chemotherapy on Day 1 and **80 mg PO** post-chemotherapy once daily on Days 2 and 3

**PRE-HYDRATION:**

- 1000 mL NS over 1 hour pre-**CISplatin**

**CHEMOTHERAPY:**

- **epirubicin 50 mg/m² x BSA** = _______ mg
  - Dose Modification: _______% = _______ mg/m² x BSA = _______ mg
  - IV push
- **CISplatin 60 mg/m² x BSA** = _______ mg
  - Dose Modification: _______% = _______ mg/m² x BSA = _______ mg
  - IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulphate, 30 g mannitol over 1 hour
- **capecitabine 625 mg/m² x BSA x (%)** = _______ mg PO bid with food x 21 days
  (Total daily dose = 1250 mg/m²/day)

**RETURN APPOINTMENT ORDERS**

- Return in three weeks for Doctor and Cycle _____  Pre-surgery  Post-surgery
- Return in ____ weeks for Doctor and Cycle _____  Pre-surgery  Post-surgery
- Last Cycle. Return in _____ week(s).

CBC & diff, platelets, serum creatinine, electrolytes, AST/ALT, alk phos prior to each cycle

- INR weekly  
- INR prior to each cycle

Other tests:

- Weekly Nursing Assessment
- Consults:

See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

UC: