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.

**PROTOCOL CODE: GIGFLODOC**

**DOCTOR’S ORDERS**

| Ht | cm | Wt | kg | BSA | m² |

**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 72 hours ANC greater or equal to $1.5 \times 10^9$/L and Platelets greater than or equal to $100 \times 10^9$/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 chemotherapy
- **Dexamethasone 8 mg** PO BID for 3 days, starting one day prior to treatment; patient must receive 3 doses prior to treatment

☐ Other:

**CHEMOTHERAPY:**

- **Docetaxel 50 mg/m² x BSA = ________mg**
  - Dose Modification: ______% = ______ mg/m² x BSA = _________ mg
  - IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour (Use non-DEHP tubing)

Prior to starting oxaliplatin, flush lines with D5W (oxaliplatin is NOT compatible 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 200 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

- **Fluorouracil 2600 mg/m²/day x BSA = _________ mg over 24 hours**
  - Dose Modification: ______% = ______ mg/m² x BSA = _________ mg
  - IV over 24 hours in D5W to a total volume of 240 mL by continuous infusion at 10 mL/h via Baxter LV10 INFUSOR

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

UC:
### DOCTOR’S ORDERS

**DATE:**

<table>
<thead>
<tr>
<th>RETURN APPOINTMENT ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Return in <strong>two</strong> weeks for Doctor and Cycle ______. ☐ pre-op ☐ post-op</td>
</tr>
<tr>
<td>☐ Last pre-op cycle. Return in ____ weeks for Doctor and Cycle 5 (post-op)</td>
</tr>
<tr>
<td>☐ Last Cycle. Return in ______ week(s).</td>
</tr>
</tbody>
</table>

- CBC & Diff, Platelets, Creatinine, Bilirubin, ALT, Alk Phos, Sodium, Potassium, Magnesium, Calcium prior to each cycle
  - ☐ INR weekly ☐ INR prior to each cycle
- ECG
- ☐ Other tests:
  - ☐ Book for PICC assessment/insertion per Centre process
  - ☐ Book for IVAD insertion per Centre process
  - ☐ Weekly PICC dressing change
  - ☐ Weekly Nursing Assessment for (specify concern): ________________
- ☐ Consults:
  - ☐ GCSF Prescription written (optional)
- ☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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Created: 1 Sep 2017 Revised: 1 Jun 2019