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

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**DOCTOR'S ORDERS**  

Ht ____________ cm  Wt ___________ kg  BSA ____________ m²

**REMEMBER: 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 than or equal to 1.5 x 10⁹/L** and Platelets **greater than or equal to 100 x 10⁹/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:** Patient to receive a prescription of filgrastim (G-CSF) (to be given every other day starting day 5 x 5 doses)

**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)

- **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

### RETURN APPOINTMENT ORDERS

- Return in **two** weeks for Doctor and Cycle ______.  □ pre-op  □ post-op
- □ Last pre-op cycle. Return in ____ weeks for Doctor and Cycle 5 (post-op)
- □ Last Cycle. Return in _______ week(s).

<table>
<thead>
<tr>
<th>CBC &amp; Diff, Platelets, Creatinine, Bilirubin, ALT, Alk Phos, Sodium, Potassium, Magnesium, Calcium</th>
<th>prior to each cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ INR weekly</td>
<td>□ INR prior to each cycle</td>
</tr>
<tr>
<td>□ ECG</td>
<td></td>
</tr>
<tr>
<td>□ Other tests:</td>
<td></td>
</tr>
</tbody>
</table>
- □ Book for PICC assessment/insertion per Centre process
- □ Book for IVAD insertion per Centre process
- □ Weekly PICC dressing change
- □ Weekly Nursing Assessment (specify concern): __________________
- □ Consults:
  - □ Filgrastim (G-CSF) Prescription written (consider Pharmacare Special Authority)
  - □ See general orders sheet for additional requests.

### DOCTOR’S SIGNATURE:

### SIGNATURE:

### UC: