



Provincial Health Services Authority

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 _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> 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: <input type="checkbox"/> Hematology <input type="checkbox"/> 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 <input type="checkbox"/> Other: Patient to receive a prescription of filgrastim (G-CSF) (to be given every other day starting day 5 x 5 doses)				
Have Hypersensitivity Reaction Tray and Protocol Available				
<input type="checkbox"/> Pre-operative (cycles 1-4) or <input type="checkbox"/> Post-operative (cycles 5-8) (please select one)				
CHEMOTHERAPY: DOCEtaxel 50 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² 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 <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² 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 <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² 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:



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DOCTOR'S ORDERS

DATE:

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).

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 (specify concern): _____
- Consults:
- Filgrastim (G-CSF) Prescription written (consider Pharmacare Special Authority)
- See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: