PROTOCOL CODE: GIGFLODOC

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:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff** day of treatment
May proceed with doses as written if within 72 hours **ANC greater than or equal to 1.5 x 10^9/L and platelets greater than or equal to 100 x 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 (omit on treatment day if below dexamethasone IV premedication ordered)

☐ For prior oxaliplatin hypersensitivity reactions (Grade 1 or 2):
45 minutes prior to oxaliplatin: **dexamethasone 20 mg** IV in 50 mL NS over 15 minutes
30 minutes prior to oxaliplatin: **diphenhydrAMINE 50 mg** IV in NS 50 mL over 15 minutes and **famotidine 20 mg** IV in NS 100 mL over 15 minutes (Y-site compatible)

NO ice chips
do NOT use frozen gloves
☐ **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****

☐ **Pre-operative (cycles 1-4)** **or** ☐ **Post-operative (cycles 5-8)** **(please select one)**

TREATMENT:

DOCEtaxel 50 mg/m^2 x BSA =_____mg
☐ 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/m^2 x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 250 to 500 mL D5W over 2 hours*

leucovorin 200 mg/m^2 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/m^2/day x BSA = _____ mg over 24 hours
☐ 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:

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, creatinine, total bilirubin, ALT prior to each cycle If clinically indicated: ☐ **CEA** ☐ **CA 19-9** ☐ **ECG** ☐ **alkaline phosphatase** ☐ **albumin** ☐ **GGT** ☐ **sodium** ☐ **potassium** ☐ **INR** weekly ☐ **INR** prior to each cycle ☐ **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:**