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(s) #:

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, Platelets greater than or equal to 75 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 treatment

dexamethasone ☐ 8 mg or ☐ 12 mg (select one) PO prior to treatment

☐ Prophylactic atropine 0.3 mg SC

☐ Other:

CHEMOTHERAPY: (Note – continued over 2 pages)

☐ Repeat in two weeks

irinotecan 180 mg/m² x BSA = ________ mg

☐ Dose Modification: ________mg/m² x BSA = ________mg

IV in 500 mL D5W over 1 hour 30 minutes*

leucovorin 400 mg/m² x BSA = ________ mg

IV in 250 mL D5W over 1 hour 30 minutes*

*irinotecan and leucovorin may be infused at the same time by using a Y-connector placed immediately before the injection site.

*** SEE PAGE 2 FOR FLUOROURACIL CHEMOTHERAPY ***

DOCTOR’S SIGNATURE:
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: GIGFOLFIRI

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DATE:

CHEMOTHERAPY: (Continued)
fluorouracil 400 mg/m² x BSA = ________ mg
☐ Dose Modification: __________ mg/m² x BSA = ________ mg

I'V push THEN
fluorouracil 2400 mg/m² x BSA = ________ mg**
☐ Dose Modification: __________ mg/m² x BSA = ________ mg**

I'V over 46 hours in D5W to a total volume of 230 mL by continuous infusion at 5 mL/h via Baxter LV5 INFUSOR

** For 3000 to 5500 mg dose, select INFUSOR per dose range below (doses outside dose banding range are prepared as ordered):

<table>
<thead>
<tr>
<th>Dose Banding Range</th>
<th>Dose Band INFUSOR (mg)</th>
<th>Pharmacist Initial and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3000 mg</td>
<td>Pharmacy to mix specific dose</td>
<td></td>
</tr>
<tr>
<td>3000 to 3400 mg</td>
<td>3200 mg</td>
<td></td>
</tr>
<tr>
<td>3401 to 3800 mg</td>
<td>3600 mg</td>
<td></td>
</tr>
<tr>
<td>3801 to 4200 mg</td>
<td>4000 mg</td>
<td></td>
</tr>
<tr>
<td>4201 to 4600 mg</td>
<td>4400 mg</td>
<td></td>
</tr>
<tr>
<td>4601 to 5000 mg</td>
<td>4800 mg</td>
<td></td>
</tr>
<tr>
<td>5001 to 5500 mg</td>
<td>5250 mg</td>
<td></td>
</tr>
<tr>
<td>Greater than 5500 mg</td>
<td>Pharmacy to mix specific dose</td>
<td></td>
</tr>
</tbody>
</table>

Counsel patient to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO q 2 h until diarrhea free x 12 hours (may take 4 mg PO q 4 h during the night).

Atropine 0.3 to 0.6 mg SC prn repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.

RETURN APPOINTMENT ORDERS

☐ Return in two weeks for Doctor and Cycle ________
☐ Return in four weeks for Doctor and Cycles ________ & ________
☐ Last Cycle. Return in ________ week(s)

CBC & Diff, Platelets, Creatinine, Bili, ALT, Alk Phos prior to each cycle
☐ INR weekly☐ INR prior to each cycle
☐ CEA☐ CA 19-9
☐ Other tests:
☐ Book for PICC assessment / insertion per Centre process
☐ Book for IVAD insertion per Centre process
☐ Weekly Nursing Assessment for (specify concern): _____________
☐ Consults:
☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: ________________________________________________

SIGNATURE: ________________________________________________

UC: _____________________________

BC Cancer Provincial Preprinted Order GIGFOLFIRI
Created: April 4, 2005 Revised: 1 Nov 2020