**PROTOCOL CODE: GIGFOLFIRI**

(Page 1 of 2)

| 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 (circle 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:**

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BC Cancer Provincial Preprinted Order GIGFOLFIRI
Created: April 4, 2005 Revised: 1 May 2018
**PROTOCOL CODE: GIGFOLFIRI**

**DATE:**

**CHEMOTHERAPY: (Continued)**

fluorouracil 400 mg/m² x BSA = ________ mg

- Dose Modification: ________ mg/m² x BSA = ________ mg
- IV push

fluorouracil 2400 mg/m² x BSA = ________ mg**

- Dose Modification: ________ mg/m² x BSA = ________ mg**

IV 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:**