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: GIIR**

For more than 6 cycles, a BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment.

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
</table>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
</tr>
</thead>
</table>

**Date of Previous Cycle:**

- Delay treatment _____ week(s)
- CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 x 10³/L, Platelets greater than or equal to 100 x 10⁹/L**

Dose modification for:

- [ ] Hematology
- [ ] Age/ECOG
- [ ] Other Toxicity ________________

Proceed with treatment based on blood work from ________________

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm ________________________.

- **Ondansetron 8 mg** PO 30 minutes prior to treatment
- **Dexamethasone 8 mg or 12 mg (circle one)** 30 minutes prior to treatment
- [ ] Prophylactic atropine 0.3 mg SC
- [ ] Other:

**CHEMOTHERAPY:**

- **Irinotecan 350 mg/m² x BSA = _________mg**
  - [ ] Dose Modification: _________mg/m² x BSA = _________mg
  - IV in 500 mL D5W over 1 hour 30 minutes
  - (Maximum dose = 700 mg)

- **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 **three** weeks for Doctor and Cycle ________
- [ ] Last Cycle. Return in _________ week(s)

**CBC & Diff, Platelets** prior to each cycle

If clinically indicated:

- [ ] CEA
- [ ] CA 19-9
- [ ] Bilirubin
- [ ] ALT
- [ ] Alk Phos
- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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**BC Cancer Provincial Preprinted Order GIIR**

Created: **April 4, 2005** Revised: **1 Jun 2019**