



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: **GIIR**

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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 #: _____

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 10⁹/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 (*select 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: _____