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 72 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  ☐ Other Toxicity ________________________________

Proceed with treatment based on blood work from ________________________________

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

dexamethasone ☐ 8 mg or ☐ 12 mg (select one) PO 30 to 60 minutes prior to treatment

☐ aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, then 80 mg PO daily on Day 2 and 3

☐ ondansetron 8 mg PO 30 to 60 minutes prior to treatment

☐ netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment

☐ Prophylactic atropine 0.3 mg SC

NO ice chips

☐ Other:

CHEMOTHERAPY: (Note – continued over 2 pages)  ☐ repeat in 2 weeks

All lines to be primed with D5W

oxaliplatin 85 mg/m² x BSA = _________ mg

☐ Dose Modification: _________mg/m² x BSA = _________mg

IV in 250 to 500 mL D5W over 2 hours immediately followed by

leucovorin 400 mg/m² x BSA = _________ mg

☐ Dose Modification: _________mg/m² x BSA = _________mg

IV in 250 mL D5W over 1 hour 30 minutes*

irinotecan 150 mg/m² x BSA = _________ mg

☐ Dose Modification: _________mg/m² x BSA = _________mg

IV in 500 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. Immediately followed by

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

DOCTOR’S SIGNATURE:  SIGNATURE:

UC:
DOCTOR’S ORDERS

DATE:

CHEMOTHERAPY: (Continued)

fluorouracil 2400 mg/m\(^2\) x BSA = _________ mg**

[ ] Dose Modification: _________mg/m\(^2\) 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 Cycle _____ and _____

[ ] Last Cycle. Return in ______ week(s).

CBC & Diff, Platelets, Creatinine, Bili, ALT, Alk Phos, Sodium, Potassium, Mg, Ca, random glucose prior to each cycle

[ ] INR weekly [ ] INR prior to each cycle

[ ] ECG [ ] CA 19-9

[ ] Other tests:

[ ] If appropriate : G-CSF

[ ] 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 GIPAJFIROX
Created: 1 Aug 2019     Revised: 1 Nov 2020