



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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: GIPAJGEM**

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### DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm    Wt \_\_\_\_\_ kg    BSA \_\_\_\_\_ m<sup>2</sup>

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

**DATE:** \_\_\_\_\_    **To be given:** \_\_\_\_\_    **Cycle/Week #:** \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

Delay treatment \_\_\_\_\_ week(s)

**CBC & Diff, Platelets** day of treatment

May proceed with doses as written if within 48 hours **ANC greater than 1.0 x 10<sup>9</sup>/L, Platelets greater than 100 x 10<sup>9</sup>/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 \_\_\_\_\_.

prochlorperazine 10 mg PO or  metoclopramide 10 mg PO prior to treatment

**Other:**

### CHEMOTHERAPY:

**gemcitabine 1000 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 mL NS over 30 minutes weekly x 3 weeks

### DOSE MODIFICATION IF REQUIRED ON SUBSEQUENT DAYS:

**gemcitabine 1000 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 mL NS over 30 minutes on days \_\_\_\_\_

### RETURN APPOINTMENT ORDERS

Book chemo weekly x \_\_\_\_\_ weeks

Return in **four** weeks for Doctor and Cycle \_\_\_\_\_.

Last Cycle. Return in \_\_\_\_\_ week(s)

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

If clinically indicated:     **Bilirubin**                     **Creatinine**

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**