Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: GIPAJGEM

**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

**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 x 10⁹/L, Platelets greater than 100 x 10⁹/L**

Dose modification for:

- [ ] Hematology
- [ ] Other Toxicity

Proceed with treatment based on blood work from ____________________________

**PREMEDICATIONS:**

- [ ] Prochlorperazine 10 mg PO prior to treatment
- [ ] Metoclopramide 10 mg PO prior to treatment
- [ ] Other: ____________________________

**CHEMOTHERAPY:**

**Gemcitabine 1000 mg/m² x BSA = ________mg**

<table>
<thead>
<tr>
<th>Dose Modification: % = ________ mg/m² x BSA = ________ mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV in 250 mL NS over 30 minutes weekly x 3 weeks</td>
</tr>
</tbody>
</table>

**DOSE MODIFICATION IF REQUIRED ON SUBSEQUENT DAYS:**

**Gemcitabine 1000 mg/m² x BSA = ________mg**

<table>
<thead>
<tr>
<th>Dose Modification: % = ________ mg/m² x BSA = ________ mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV in 250 mL NS over 30 minutes on days ________</td>
</tr>
</tbody>
</table>

**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:**