



Provincial Health Services Authority

PROTOCOL CODE: GIPGEM

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 and according to acceptable standards of care.

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DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
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: _____				
<input type="checkbox"/> Delay treatment _____ week(s)				
<input type="checkbox"/> CBC & Diff day of treatment				
May proceed with doses as written if within 48 hours ANC greater than 1.0 x 10⁹/L , platelets greater than 100 x 10⁹/L				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
<input type="checkbox"/> prochlorperazine 10 mg PO or <input type="checkbox"/> metoclopramide 10 mg PO prior to treatment				
<input type="checkbox"/> Other: _____				
CHEMOTHERAPY:				
gemcitabine 1000 mg/m ² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 250 mL NS over 30 minutes weekly x 3 weeks on Days 1, 8 and 15				
DOSE MODIFICATION IF REQUIRED ON SUBSEQUENT DAYS:				
gemcitabine 1000 mg/m ² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 250 mL NS over 30 minutes on Day(s) _____				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo on Days 1, 8, and 15				
<input type="checkbox"/> Last Cycle. Return in _____ week(s)				
Prior to Day 1: CBC & Diff, creatinine, total bilirubin, ALT				
Prior to Days 8 and 15: CBC & Diff				
If clinically indicated:				
<input type="checkbox"/> CEA <input type="checkbox"/> CA19-9 <input type="checkbox"/> ECG				
<input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> sodium <input type="checkbox"/> potassium				
<input type="checkbox"/> random glucose <input type="checkbox"/> HbA1c				
<input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:		SIGNATURE:		
		UC:		