**PROTOCOL CODE: UGIFFOXPAN**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht_______ cm Wt_______ kg 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(s) #:**

**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 1.2 x 10⁹/L, Platelets greater than or equal to 75 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 ____________________________.

- Ondansetron 8 mg PO prior to treatment
- Dexamethasone 8 mg or 12 mg (circle one) PO prior to treatment
- No ice chips

- Magnesium sulfate 2 g in 50 mL NS over 30 min for hypomagnesemia
- Magnesium sulfate 5 g in 100 mL NS over 3 hours for hypomagnesemia

**CHEMOTHERAPY:** (Note – continued over 2 pages)

- Repeat in two weeks
- Repeat in two and in four weeks

**PANitumumab 6 mg/kg x _______ kg = ________ mg**

- Dose Modification: _______mg/kg x _______ kg = ________mg

  - IV in 100 mL NS over 1 hour. Use 0.22 micron in-line filter.

  If tolerated, administer over 30 minutes in subsequent cycles. For doses greater than 1000 mg, use 150 mL NS and infuse over 1 hour 30 min each cycle. **Flush lines with 25 mL NS pre and post PANitumumab infusion.**

Prior to starting oxaliplatin, flush lines 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*

  * Oxaliplatin and leucovorin may be infused over same two hour period by using a Y-site connector placed immediately before the injection site.

**Leucovorin 400 mg/m² x BSA = ________ mg**

  - IV in 250 mL D5W over 2 hours*

**OR**

**Leucovorin 20 mg/m² x BSA = ________ mg**

  - IV push

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

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

UC:
DATE: 

CHEMOTHERAPY: (Continued)

**flourouracil 400 mg/m² x BSA = ________ mg**

☐ Dose Modification: __________mg/m² x BSA = ________mg

IV push

**flourouracil 2400 mg/m² x BSA = ________mg**

☐ Dose Modification: __________mg/m² 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>

RETURN APPOINTMENT ORDERS

☐ Return in **two** weeks for Doctor and Cycle_____

☐ Return in **four** weeks for Doctor and Cycles _____ & ______. Book chemo x 2 cycles.

☐ Return in **six** weeks for Doctor and Cycles _____. ____ & _____. Book chemo x 3 cycles.

☐ Last Cycle. Return in ______ week(s).

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

☐ INR weekly  ☐ INR prior to each cycle

☐ ECG  ☐ CEA  ☐ CA 19-9

☐ Other tests:
☐ 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: