

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.

PROTOCOL CODE: GUAJPG

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| DOCTOR'S ORDERS | Ht | cm | Wt | kg BSA | m² | |
|--|---------------------------------------|------------------------------------|-------------|------------------------|-----------------|--|
| REMINDER: Please ensure drug allergies and | d previous b | oleomycin a | re docum | ented on the Aller | gy & Alert Form | |
| DATE: To be ç | | • | | Cycle #: | | |
| Date of Previous Cycle: | | | | | | |
| ☐ Delay treatment week(s) ☐ CBC & Diff, Platelets day of treatment | | | | | | |
| May proceed with doses as written if within 24 hours ANC <u>greater than or equal to</u> 1.0 x 10 ⁹ /L, Platelets <u>greater than or equal to</u> 100 x 10 ⁹ /L, Creatinine Clearance <u>greater than or equal to</u> 60 mL/min* *If CISplatin on Days 1 and 8, Creatinine Clearance <u>greater than or equal to</u> 45 mL/min | | | | | | |
| Dose modification for: Hematology Proceed with treatment based on blood work | from | Othe | r Toxicity | : | | |
| PREMEDICATIONS: Patient to take own supp | ply. RN/Pha | rmacist to co | onfirm | | | |
| DAY 1 (and DAY 8 if split dose CISplatin being given) | | | | | | |
| dexamethasone ☐ 8 mg or ☐ 12 mg (select one) PO 30 to 60 minutes prior to treatment | | | | | | |
| AND select aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and | | | | | | |
| ONE of the ondansetron 8 mg PO 30 to 60 minutes prior to treatment | | | | | | |
| following: netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment | | | | | | |
| ondansetron 8 mg PO 30 to 60 minutes prior to treatment | | | | | | |
| If additional antiemetic required: | | | | | | |
| ☐ OLANZapine ☐ 2.5 mg or ☐ 5 mg or ☐ 10 | mg (select | one) PO 30 | to 60 minu | ites prior to treatmer | nt | |
| DAY 8 (unless split dose CISplatin being given) ☐ prochlorperazine 10 mg or ☐ metoclopramide 10 mg PO prior to treatment ☐ Other: | | | | | | |
| **Have Hypersensitivity Reaction Tray and Protocol Available** | | | | | | |
| HYDRATION: Prehydrate with 1000 mL NS IV over 1 hour prior | to CISplatir | 1 | | | | |
| CHEMOTHERAPY: | | | | | | |
| gemcitabine | mg/m ² x l | | mg n | ng | | |
| CISplatin 70 mg/m²/day x BSA = mg Dose Modification:mg/m² x E IV in 500 mL NS with 20 mEq potassium chlori OR CISplatin 35 mg/m²/day x BSA = mg Dose Modification:mg/m² x E IV in 500 mL NS with 20 mEq potassium chlori OR CARBOplatin (AUC = 5) x (GFR + 25) = | ide, 1 g mag 3SA = ide, 1 g mag | nesium sulfa mg nesium sulfa | ate, 30 g N | 1annitol over 1 hour | | |
| (Reminder: Gemcitabine dosed at 1000 mg/m², if | | | | | | |
| DOCTOR'S SIGNATURE: | | , | | SIGNATUR UC: | LE: | |



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| DOCTOR'S ORDERS | | | | |
|--|------------|--|--|--|
| DATE: | | | | |
| DOSE MODIFICATION REQUIRED ON DAY 8: | | | | |
| gemcitabine ☐ 1250 or ☐ 1000 mg/m²/day (select one) x BSA = mg ☐ Dose Modification: % = mg/m² x BSA = mg IV in 250 mL NS over 30 minutes on Day 8 | | | | |
| RETURN APPOINTMENT ORDERS | | | | |
| ☐ Return in three weeks for Doctor and Cycle, book chemo Day 1 & 8. ☐ Book Day 2 chemo if required. ☐ Last Cycle. Return in week(s). | | | | |
| CBC & Diff, Platelets, Creatinine, ALT, Alk Phos, Bili prior to each cycle | | | | |
| CBC & Diff, Platelets, Creatinine prior to Day 8 | | | | |
| ☐ Other tests: | | | | |
| ☐ Consults: | | | | |
| ☐ See general orders sheet for additional requests. | | | | |
| DOCTOR'S SIGNATURE: | SIGNATURE: | | | |
| | UC: | | | |