



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 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 previous bleomycin are documented on the Allergy & Alert Form

DATE: _____ To be given: _____ 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 greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 mL/min***

*If CISplatin on Days 1 and 8, Creatinine Clearance greater than or equal to 45 mL/min

Dose modification for: Hematology Other Toxicity: _____
Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

dexamethasone 8 mg or 12 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1 (and Day 8) and select ONE of the following:

- ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1 (and Day 8)
- aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1 (and Day 8), then 80 mg PO daily on Day 2 and 3 (and Day 9 and 10)
ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1 (and Day 8)
- netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1 (and Day 8)

- prochlorperazine 10 mg PO prn prior to treatment on Day 8 (omit if CISplatin pre-meds given on Day 8)
- metoclopramide 10 mg PO prn prior to treatment on Day 8 (omit if CISplatin pre-meds given on Day 8)
- Other:

****Have Hypersensitivity Reaction Tray and Protocol Available****

HYDRATION:

Prehydrate with 1000 mL NS IV over 1 hour prior to CISplatin

CHEMOTHERAPY:

gemcitabine 1250 or 1000 mg/m²/day (select one) x BSA = _____ mg
 Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
IV in 250 to 500 mL NS over 30 minutes on **Day 1 and Day 8**

CISplatin 70 mg/m²/day x BSA = _____ mg
 Dose Modification: _____ mg/m² x BSA = _____ mg
IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g Mannitol over 1 hour **Day 1 only**

OR

CISplatin 35 mg/m²/day x BSA = _____ mg
 Dose Modification: _____ mg/m² x BSA = _____ mg
IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g Mannitol over 1 hour **Days 1 and 8**

OR

CARBOplatin (AUC = 5) x (GFR + 25) = _____ mg IV in 250 mL NS over 30 minutes **Day 1 only**
(Reminder: Gemcitabine dosed at 1000 mg/m², if carboplatin used)

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**

DOCTOR'S SIGNATURE: _____

SIGNATURE: _____
UC: _____



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RETURN APPOINTMENT ORDERS

DATE:

- 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: