



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 and according to acceptable standards of care

PROTOCOL CODE: GUAVPG

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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)

****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: _____



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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____, book chemo Day 1 & 8. <input type="checkbox"/> Book Day 2 chemo if required. <input type="checkbox"/> 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 <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: