

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 <a href="https://www.bccancer.bc.ca/terms-of-use">www.bccancer.bc.ca/terms-of-use</a> and according to acceptable standards of care.

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DOCTOR'S ORDERS	Ht	cm	Wt	_kg BSA	m²	
REMINDER: Please ensure drug allergies and p	revious bleon	nycin a	re documente	d on the Allei	gy & Alert Form	
DATE: To be giv	/en:		Сус	cle #:		
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 10 <sup>9</sup> /L, platelets greater than or equal to 100 x 10 <sup>9</sup> /L, Day 1 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 Proceed with treatment based on blood work from	om	Othe	r Toxicity:			
PREMEDICATIONS: Patient to take own supply DAY 1 (and DAY 8 if split dose CISplatin being g		cist to c	onfirm		·	
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 antiomatic required:						
If additional antiemetic required: ☐ <b>OLANZapine</b> ☐ <b>2.5 mg</b> or ☐ <b>5 mg</b> or ☐ <b>10 mg</b> (select one) PO 30 to 60 minutes prior to treatment						
CEANZAPINE 2.3 mg or 3 mg or 10 mg (select one) 1 0 00 to 00 minutes prior to treatment						
DAY 8 (unless split dose CISplatin being given)						
☐ prochlorperazine 10 mg or ☐ metoclopramide 10 mg PO prior to treatment						
☐ Other:						
HYDRATION:						
Prehydrate with NS 1000 mL IV over 1 hour prior to CISplatin on treatment days that CISplatin is ordered						
CHEMOTHERAPY:						
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 <b>Day 1 and Day 8</b>						
CISplatin 70 mg/m²/day x BSA = mg						
☐ Dose Modification: mg/m² x BSA = mg						
IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g over 1 hour <b>Day 1 only</b>						
OR						
CISplatin 35 mg/m²/day x BSA = mg						
☐ Dose Modification:mg/m² x BSA =mg  IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g over 1 hour <b>Days 1 and 8</b>						
DOCTOR'S SIGNATURE:				SIGNATU	RE:	
				UC:		



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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				
<ul> <li>□ Return in three weeks for Doctor and Cycle, book chemo Day 1 &amp; 8.</li> <li>□ Book Day 2 chemo if required.</li> <li>□ Last Cycle. Return in week(s).</li> </ul>				
CBC & Diff, platelets, creatinine, ALT, alkaline phosphatase, total bilirubin prior to each cycle				
CBC & Diff, platelets, creatinine prior to Day 8 of each cycle				
☐ Other tests:				
☐ Consults:				
☐ See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:	SIGNATURE:			
	UC:			