



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: GUNAJPG

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 $1.0 \times 10^9/L$, Platelets greater than or equal to $100 \times 10^9/L$, 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 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 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 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 potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g 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 potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g 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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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 of each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: