



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: GUTAXGEM

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 24 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/L</b>				
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity:</b> _____ <b>Proceed with treatment based on blood work from</b> _____				
<b>PREMEDICATIONS:</b>				
45 minutes prior to PACLitaxel: <b>dexamethasone 20 mg</b> IV in 50 mL NS over 15 minutes				
30 minutes prior to PACLitaxel: <b>diphenhydrAMINE 50 mg</b> IV and <b>ranitidine 50 mg</b> IV in 50 mL NS over 20 minutes				
<input type="checkbox"/> <b>Other:</b>				
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>				
<b>CHEMOTHERAPY:</b>				
<b>PACLitaxel 110 mg/m<sup>2</sup>/day</b> x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in <b>250 to 500 mL</b> (non-DEHP bag) NS over 1 hour <b>Days 1, 8 and 15</b> (use non-DEHP tubing with 0.22 micron or smaller in-line filter)				
<b>gemcitabine 1000 mg/m<sup>2</sup>/day</b> x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes <b>Days 1, 8 and 15</b>				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____ for chemo Days 1, 8 & 15.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>Weekly CBC &amp; Diff, Platelets.</b> <b>Creatinine, ALT, Alk Phos, Bili, LDH, AFP, serum hCG</b> prior to each cycle <input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>		
		UC:		