

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 <u>www.bccancer.bc.ca</u> and according to acceptable standards of care

PROTOCOL CODE: GUTAXGEM

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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 1.5 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L 					
Dose modification for: Image: Hematology Image: Other Toxicity: Proceed with treatment based on blood work from Image: Other Toxicity:					
PREMEDICATIONS:					
45 minutes prior to PACLitaxel: dexamethasone 20 mg IV in 50 mL NS over 15 minutes 30 minutes prior to PACLitaxel: diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible) Other:					
Have Hypersensitivity Reaction Tray and Protocol Available					
CHEMOTHERAPY:					
PACLitaxel 110 mg/m²/day x BSA = mg Dose Modification:% =mg/m² x BSA =mg IV in 250 to 500 mL (non-DEHP bag) NS over 1 hour Days 1, 8 and 15 (use non-DEHP tubing with 0.2 micron in-line filter)					
gemcitabine 1000 mg/m²/day x BSA = mg Dose Modification:% =mg/m² x BSA =mg IV in 250 mL NS over 30 minutes Days 1, 8 and 15					
RETURN APPOINTMENT ORDERS					
☐ Return in <u>four</u> weeks for Doctor and Cycl	e for ch	nemo Days ^r	1, 8 & 15.		
Last Cycle. Return in week(s).					
Weekly CBC & Diff, Platelets. Creatinine, ALT, Alk Phos, Bili, LDH, AFP, cycle	beta hCG tumo	ur marker p	prior to ea	ach	
Consults:					
☐ See general orders sheet for additiona	l requests.				
DOCTOR'S SIGNATURE:				SIGNATUR	RE:
				UC:	