PROTOCOL CODE: GOOVCAG

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 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L

Dose modification for:  ☐ Hematology  ☐ Other Toxicity ____________________________
Proceed with treatment based on blood work from ____________________________

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm ____________________________.

- ondansetron 8 mg PO prior to CARBOplatin
- dexamethasone 8 mg PO prior to CARBOplatin

**Have Hypersensitivity Reaction Tray and Protocol Available**

CHEMOTHERAPY:

DAY 1

gemcitabine 800 mg/m² OR _________ mg/m² (circle one) x BSA = _________ mg

☐ Dose Modification: ________% = _________ mg/m² x BSA = _________ mg

IV in 250 mL NS over 30 minutes. (Maximum Dose = 2000 mg)

CARBOplatin AUC 5 OR 6 OR 4 (circle one) X (GFR+25) = _________ mg

☐ Dose Modification: ________% = _________ mg

IV in 250 mL NS over 30 minutes, after gemcitabine.

DAY 8

gemcitabine 800 mg/m² OR _________ mg/m² (circle one) x BSA = _________ mg

☐ Dose Modification: ________% = _________ mg/m² x BSA = _________ mg

IV in 250 mL NS over 30 minutes. (Maximum Dose = 2000 mg)

RETURN APPOINTMENT ORDERS

☐ Return in three weeks for Doctor and Cycle #_______. Book chemo Day 1 and 8

☐ Last Cycle. Return in _______ week(s).

CBC & Diff, Platelets, Creatinine, prior to Day 1 each cycle
CBC & Diff, Platelets, prior to Day 8 each cycle
☐ Day 14: CBC & Diff, platelets

Other tests: ☐ Nuclear renogram for GFR
If Clinically Indicated: ☐ CA -125 ☐ CA 15-3 ☐ CA 19-9 prior to each cycle

☐ Consults:
☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE: ____________________________  SIGNATURE: ____________________________

BC Cancer Agency Provincial Preprinted Order GOOVCAG
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