



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: GOOVCAG**

<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 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 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> Patient to take own supply. RN/Pharmacist to confirm _____ <b>ondansetron 8 mg PO</b> prior to CARBOplatin <b>dexamethasone 8 mg PO</b> prior to CARBOplatin <p style="text-align: center;"><b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b></p>				
<b>CHEMOTHERAPY:</b>				
<b>DAY 1</b> <b>gemcitabine</b> <input type="checkbox"/> <b>800 mg/m<sup>2</sup></b> OR <input type="checkbox"/> _____ <b>mg/m<sup>2</sup></b> (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes. (Maximum Dose = 2000 mg) <b>CARBOplatin AUC</b> <input type="checkbox"/> <b>5</b> OR <input type="checkbox"/> <b>6</b> OR <input type="checkbox"/> <b>4</b> (select one) X (GFR+25) = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg IV in 100 to 250 mL NS over 30 minutes, after gemcitabine.				
<b>DAY 8</b> <b>gemcitabine</b> <input type="checkbox"/> <b>800 mg/m<sup>2</sup></b> OR <input type="checkbox"/> _____ <b>mg/m<sup>2</sup></b> (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes. (Maximum Dose = 2000 mg)				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle # _____. Book chemo Day 1 and 8 <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine</b> , prior to Day 1 each cycle <b>CBC &amp; Diff, Platelets</b> , prior to Day 8 each cycle <input type="checkbox"/> Day 14: <b>CBC &amp; Diff, platelets</b> Other tests: <input type="checkbox"/> <b>Nuclear renogram for GFR</b> If Clinically Indicated: <input type="checkbox"/> <b>CA -125</b> <input type="checkbox"/> <b>CA 15-3</b> <input type="checkbox"/> <b>CA 19-9</b> prior to each cycle <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>
				<b>UC:</b>