**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 #:__________ of__________

<table>
<thead>
<tr>
<th>Date of Previous Cycle:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Delay treatment ______week(s)</td>
</tr>
<tr>
<td>□ CBC &amp; Diff and platelets day 1 of treatment</td>
</tr>
</tbody>
</table>

Day 1: may proceed with doses as written, if within 48 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L, creatinine clearance greater than or equal to 60 mL/min

Day 8: May proceed with doses as written, if within 48 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L,

For split dose CISplatin only:

Day 1: may proceed with doses as written, if within 48 hours ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 75 x 10⁹/L, creatinine clearance greater than or equal to 45 mL/min

Day 8: may proceed with doses as written, if within 48 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L, 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 ____________________________.

**DAY 1 (and DAY 8 if split dose CISplatin being given)**

dexamethasone 8 mg or 12 mg PO (circle one) 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
- □ aprepitant 125 mg PO 30 to 60 minutes prior to treatment
- □ ondansetron 8 mg PO 30 to 60 minutes prior to treatment
- □ netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment

**DAY 8 (unless split dose CISplatin being given)**

prochlorperazine 10 mg PO prior to treatment

□ Other

**PRE-HYDRATION:** 1000 mL NS IV over 60 minutes – Day 1 prior to CISplatin (and Day 8 if split dose CISplatin given).

**CHEMOTHERAPY:**

dexamethasone 40 mg PO daily in AM with food on Days 1 to 4
gemcitabine 1000 mg/m² x BSA = ___________mg

IV in 250 mL NS over 30 minutes on **Day 1 and Day 8.**

CISplatin 75 mg/m² x BSA = ___________mg

□ Dose Modification: ______% = ________ mg/m² x BSA = ___________ mg

IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 1 only.**

OR (only split CISplatin day 1 & 8 if creatinine clearance on day 1 less than 60 mL/min)

CISplatin 37.5 mg/m² x BSA = ___________mg

□ Dose Modification: ______% = ________ mg/m² x BSA = ___________ mg

IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 1 and Day 8.**

OR

CARBOplatin AUC 5 x (GFR + 25) = ___________mg

□ Dose Modification: ______% = ___________ mg

IV in 250 mL NS over 30 minutes on **Day 1 only**

**DOCTOR’S SIGNATURE:**

| UC: |

BC Cancer Provincial Preprinted Order LYGDPR
Created: 1Sep 2010 (as ULYGDPR) Revised: 1 Aug 2020 (biosimilar table inserted)
**Date:**

**DOSE MODIFICATION IF REQUIRED ON DAY 8:**

**gemcitabine** 1000 mg/m$^2$ x BSA = __________mg

☐ Dose Modification: ______% = __________ mg/m$^2$ x BSA = __________ mg
IV in 250 mL NS over 30 minutes on **Day 8**.

**CISplatin** 37.5 mg/m$^2$ x BSA = __________mg

☐ Dose Modification: ______% = __________ mg/m$^2$ x BSA = __________ mg
IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 8**.

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

For intravenous **riTUXimab** infusion:
- **diphenhydrAMINE** 50 mg PO prior to **riTUXimab** IV and then q 4 h if IV infusion exceeds 4 h
- **acetaminophen** 650 mg to 975 mg PO prior to **riTUXimab** IV and then q 4 h if IV infusion exceeds 4 h

For subcutaneous **riTUXimab** injection:
- **diphenhydrAMINE** 50 mg PO prior to **riTUXimab** SC
- **acetaminophen** 650 mg to 975 mg PO prior to **riTUXimab** SC

**TREATMENT:**

**riTUXimab** IV or SC may be given before or after chemotherapy, but within 72 hours after day 1 of gemcitabine/CISplatin

**riTUXimab (first dose)** 375 mg/m$^2$ x BSA = __________ mg

IV in 250 to 500 mL NS within 72 hours after day 1 of Gemcitabine/CISplatin.

Pharmacy to select **riTUXimab** IV brand as per Provincial Systemic Therapy Policy III-190

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand (Pharmacist to complete. Please print.)</th>
<th>Pharmacist Initial and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>riTUXimab</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Start at 50 mg/hour. After 1 hour, increase rate by 50 mg/hour every 30 minutes until rate = 400 mg/hour unless toxicity occurs.

For the first dose, patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. Vital signs are not required, unless symptomatic.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

BC Cancer Provincial Preprinted Order LYGDPR
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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 and according to acceptable standards of care.

**Date:**

**TREATMENT: (Continued)**

**FOR ALL SUBSEQUENT TREATMENTS:**

☐ Patient tolerated a full dose of IV rituximab (no severe reactions requiring early termination) and can proceed to subcutaneous rituximab:

**rituximab (RITUXAN SC) 1400 mg (fixed dose in 11.7 mL) subcutaneously** into abdomen over 5 minutes.

Observe for 15 minutes after administration.

NB: During treatment with subcutaneous rituximab, administer other subcutaneous drugs at alternative injection sites whenever possible.

☐ Patient did not tolerate a full dose of IV rituximab (experienced severe reactions requiring early termination) in the previous treatment and will continue with IV rituximab for this cycle:

**rituximab 375 mg/m^2 x BSA = __________ mg**

IV in 250 to 500 mL NS within 72 hours after day 1 of gemcitabine/CISplatin. Infuse 50 mL (or 100 mL of 500 mL bag) of the dose over 30 minutes, then infuse the remaining 200 mL (or 400 mL of 500 mL bag) over 1 hour.

Pharmacy to select rituximab IV brand as per Provincial Systemic Therapy Policy III-190

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand (Pharmacist to complete. Please print.)</th>
<th>Pharmacist Initial and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>rituximab</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician.

For all subsequent doses, constant visual observation is not required.

**RETURN APPOINTMENT ORDERS**

☐ Return in **three** weeks for Doctor and Cycle ______. Book chemo on Day 1 and Day 8. rituximab to be booked within 72 hours after Day 1.

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

**CBC & Diff, platelets, Creatinine** prior to each cycle

**CBC & Diff, platelets** on Day 8

**Creatinine** on Day 8 if Split Dose CISplatin ordered

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Provincial Preprinted Order **LYGDPR**

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