



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: GIGAVCC

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, creatinine, sodium and potassium** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, and Creatinine Clearance greater than or equal to 60 mL/minute**

Dose modification for: **Hematology** **Other Toxicity** _____

Proceed with treatment based on blood work from _____

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

dexamethasone **8 mg** or **12 mg** (select one) PO 30 to 60 minutes prior to chemotherapy on Day 1 and **select ONE** of the following:

- aprepitant 125 mg PO 30 to 60 minutes prior to chemotherapy on Day 1**
ondansetron 8 mg PO 30 to 60 minutes prior to chemotherapy on Day 1
- netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to chemotherapy on Day 1**

Other

PRE-HYDRATION: 1000 mL NS over 1 hour pre-CISplatin

CHEMOTHERAPY:

CISplatin 80 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g mannitol over 1 hour

capecitabine 1000 mg/m² x BSA x (_____ %) = _____ mg PO BID x 14 days
(refer to Capecitabine Suggested Tablet Combination Table for dose rounding)

RETURN APPOINTMENT ORDERS

- Return in **three** weeks for Doctor and Cycle _____
- Return in _____ weeks for Doctor and Cycle _____
- Last Cycle. Return in _____ week(s).

CBC & diff, platelets, creatinine, sodium, potassium prior to each cycle

If clinically Indicated: **bilirubin** **ALT** **Alk Phos** **CEA** **CA 19-9** **SCC**

INR weekly **INR** prior to each cycle

Other tests:

Weekly Nursing Assessment for (specify concern): _____

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: