



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: GIGAVFFOXN**

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<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(s) #:</b>			
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment Day 1: May proceed with doses as written if within 72 hours <b>ANC greater than or equal to 1.2 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/L, ALT less than or equal to 3 times the upper limit of normal, bilirubin less than or equal to 1.5 times the upper limit of normal, creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 x baseline.</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</b> PO prior to treatment <b>dexamethasone</b> <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> ( <i>select one</i> ) PO prior to treatment <b>NO ice chips</b> For prior nivolumab infusion reaction: <input type="checkbox"/> <b>diphenhydrAMINE 50 mg</b> PO 30 minutes prior to treatment <input type="checkbox"/> <b>acetaminophen 325 to 975 mg</b> PO 30 minutes prior to treatment <input type="checkbox"/> <b>hydrocortisone 25 mg</b> IV 30 minutes prior to treatment <input type="checkbox"/> <b>Other:</b>					
<b>** Have Hypersensitivity Reaction Tray &amp; Protocol Available**</b>					
<b>CHEMOTHERAPY: (Note – continued over 2 pages)</b> <input type="checkbox"/> <b>Repeat in two weeks</b> <input type="checkbox"/> <b>Repeat in two and in four weeks</b> nivolumab line to be primed with NS; oxaliplatin and leucovorin lines to be primed with D5W  <b>nivolumab 3 mg/kg</b> x _____ <b>kg</b> = _____ <b>mg (max. 240 mg)</b> IV in 50 to 100 mL NS over 30 minutes using a 0.2 micron in-line filter.  <b>oxaliplatin 85 mg/m<sup>2</sup></b> x BSA = _____ <b>mg</b> <input type="checkbox"/> <b>Dose Modification:</b> _____ <b>mg/m<sup>2</sup></b> x BSA = _____ <b>mg</b> IV in 250 to 500 mL D5W over 2 hours*. Flush line with 25 mL D5W pre and post dose.  <b>leucovorin 400 mg/m<sup>2</sup></b> x BSA = _____ <b>mg</b> IV in 250 mL D5W over 2 hours* *oxaliplatin and leucovorin may be infused over same two hour period by using a Y-site connector placed immediately before the injection site <b>OR</b> <b>leucovorin 20 mg/m<sup>2</sup></b> x BSA = _____ <b>mg</b> IV push  <div style="text-align: center;"><b>*** SEE PAGE 2 FOR FLUOROURACIL CHEMOTHERAPY ***</b></div>					
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>	
				<b>UC:</b>	

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<b>DATE:</b>																												
<b>CHEMOTHERAPY: (Continued)</b>																												
fluorouracil 400 mg/m <sup>2</sup> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg IV push <b>THEN</b>																												
fluorouracil 2400 mg/m <sup>2</sup> x BSA = _____ mg** <input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg** IV over 46 hours in D5W to a total volume of 230 mL by continuous infusion at 5 mL/h via Baxter LV5 INFUSOR																												
** For 3000 to 5500 mg dose <b>select INFUSOR per dose range below (doses outside dose banding range are prepared as ordered):</b>																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Dose Banding Range</th> <th style="width: 25%;">Dose Band INFUSOR (mg)</th> <th style="width: 50%;">Pharmacist Initial and Date</th> </tr> </thead> <tbody> <tr> <td>Less than 3000 mg</td> <td>Pharmacy to mix specific dose</td> <td></td> </tr> <tr> <td>3000 to 3400 mg</td> <td>3200 mg</td> <td></td> </tr> <tr> <td>3401 to 3800 mg</td> <td>3600 mg</td> <td></td> </tr> <tr> <td>3801 to 4200 mg</td> <td>4000 mg</td> <td></td> </tr> <tr> <td>4201 to 4600 mg</td> <td>4400 mg</td> <td></td> </tr> <tr> <td>4601 to 5000 mg</td> <td>4800 mg</td> <td></td> </tr> <tr> <td>5001 to 5500 mg</td> <td>5250 mg</td> <td></td> </tr> <tr> <td>Greater than 5500 mg</td> <td>Pharmacy to mix specific dose</td> <td></td> </tr> </tbody> </table>		Dose Banding Range	Dose Band INFUSOR (mg)	Pharmacist Initial and Date	Less than 3000 mg	Pharmacy to mix specific dose		3000 to 3400 mg	3200 mg		3401 to 3800 mg	3600 mg		3801 to 4200 mg	4000 mg		4201 to 4600 mg	4400 mg		4601 to 5000 mg	4800 mg		5001 to 5500 mg	5250 mg		Greater than 5500 mg	Pharmacy to mix specific dose	
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<b>RETURN APPOINTMENT ORDERS</b>																												
<input type="checkbox"/> Return in <b>two</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycles _____ & _____. Book chemo x 2 cycles <input type="checkbox"/> Return in <b>six</b> weeks for Doctor and Cycles _____, _____ & _____. Book chemo x 3 cycles <input type="checkbox"/> Last Cycle. Return in _____ week(s)																												
<b>CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, magnesium, calcium, TSH prior to each cycle</b>  If clinically indicated: <input type="checkbox"/> CEA <input type="checkbox"/> CA 19-9 <input type="checkbox"/> ECG <input type="checkbox"/> Chest X-ray <i>or</i> <input type="checkbox"/> CT Chest <input type="checkbox"/> Free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> Glucose <input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> serum HCG <i>or</i> <input type="checkbox"/> urine HCG – required for woman of child bearing potential <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> Radiologic evaluation <input type="checkbox"/> Book for PICC assessment / insertion per Centre process <input type="checkbox"/> Book for IVAD insertion per Centre process <input type="checkbox"/> Weekly nursing assessment <input type="checkbox"/> Other consults: <input type="checkbox"/> See general orders sheet for additional requests.																												
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