

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

PROTOCOL CODE: GUAVPG

(Page 1 of 2)

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA	m²	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form							
	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 1.0 x 109/L, Platelets greater than or equal to 100 x 109/L, Creatinine Clearance greater than or equal to 60 mL/min* *If CISplatin on Days 1 and 8, Creatinine Clearance greater than or equal to 45 mL/min							
Dose modification for:							
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 (select one) PO 30 to 60 minutes prior to treatment							
AND select aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and							
ONE of the ondansetron 8 mg PO 30 to 60 minutes prior to treatment							
following: netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment							
ondansetron 8 mg PC	30 to 60 minutes	prior to trea	atment				
If additional antiemetic required: OLANZapine 2.5 mg or 5 mg or 10 mg (select one) PO 30 to 60 minutes prior to treatment DAY 8 (unless split dose CISplatin being given) prochlorperazine 10 mg or metoclopramide 10 mg PO prior to treatment							
Other:	neitivity Reaction	Tray and I	Protocol	Δvailahlo**	k		
Have Hypersensitivity Reaction Tray and Protocol Available HYDRATION:							
Prehydrate with 1000 mL NS IV over 1 hour	prior to CISplatin						
CHEMOTHERAPY:							
gemcitabine							
CISplatin 70 mg/m²/day 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 Day 1 only OR							
CISplatin 35 mg/m²/day 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 Days 1 and 8							
OR							
CARBOplatin (AUC = 5) x (GFR + 25) = mg IV in 100 to 250 mL NS over 30 minutes Day 1 only							
(Reminder: Gemcitabine dosed at 1000 mg/m², if CARBOplatin used)							
DOCTOR'S SIGNATURE:				SIGI	NATURE	:	
				uc:			



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

PROTOCOL CODE: GUAVPG

(Page 2 of 2)

DOCTOR'S ORDERS					
DATE:					
DOSE MODIFICATION REQUIRED ON DAY 8:					
gemcitabine ☐ 1250 or ☐ 1000 mg/m²/day (select one) x BSA = mg ☐ Dose Modification:% = mg/m² x BSA = mg IV in 250 mL NS over 30 minutes on Day 8					
RETURN APPOINTMENT ORDERS					
 □ Return in three weeks for Doctor and Cycle, book chemo Day 1 & 8. □ Book Day 2 chemo if required. □ Last Cycle. Return in week(s). 					
CBC & Diff, Platelets, Creatinine, ALT, Alk Phos, Bili prior to each cycle					
CBC & Diff, Platelets, Creatinine prior to Day 8					
☐ Other tests:					
☐ Consults:					
☐ See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:	SIGNATURE:				
	uc.				