PROTOCOL CODE: GIRLCRT

DOCTOR'S ORDERS

Ht_____cm Wt_____kg BSA_____m^2

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, creatinine** day of treatment

May proceed with doses as written if within 48 hours **ANC greater than or equal to 1.5 x 10^9/L, platelets greater than or equal to 75 x 10^9/L, and creatinine clearance greater than or equal to 50 mL/minute**

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

Proceed with treatment based on blood work from _____

TREATMENT - Concomitant with Radiation Therapy (RT) (dual modality):

capecitabine 825 mg/m^2 or _____ x BSA x (_____%) = _____ mg PO BID. The second dose should be taken 10-12 hours after the first dose. To be dispensed in appropriate weekly intervals Monday to Friday, with Saturday, Sunday and statutory holidays off, beginning on the first day of RT and **ending on the last day of RT (max. 42 days)**.

Pharmacist to select **dose band** per last page of PPO. Complete table below (Please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
capecitabine		

RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks for Doctor assessment during RT

☐ Last Cycle. Return in _____ week(s)

CBC & Diff, creatinine weekly during radiation therapy

If clinically indicated during radiation therapy:
☐ **total bilirubin** weekly ☐ **ALT** weekly

If clinically indicated prior to return appointment:
☐ **CEA** ☐ **CA19-9** ☐ **ECG**
☐ **alkaline phosphatase** ☐ **albumin** ☐ **GGT** ☐ **sodium** ☐ **potassium**
☐ **INR** weekly ☐ **INR** prior to each cycle
☐ Other tests:
☐ Weekly nursing assessment for (specify reason): _____
☐ Radiation consult before Cycle _____or in _____ weeks
☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

CAPECITABINE DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)	Number of Tablets Per Dose	
From:	**To:**		**150 mg**	**500 mg**
226	375	300	2	
376	475	450	3	
476	575	500		1
576	725	650	1	1
726	900	800	2	1
901	1075	1000		2
1076	1225	1150	1	2
1226	1400	1300	2	2
1401	1575	1500		3
1576	1725	1650	1	3
1726	1900	1800	2	3
1901	2075	2000		4
2076	2225	2150	1	4
2226	2400	2300	2	4
2401	2575	2500		5
2576	2725	2650	1	5
2726	2900	2800	2	5
2901	3075	3000		6
3076	3225	3150	1	6
3226	3400	3300	2	6
3401	3575	3500		7
3576	3725	3650	1	7
3726	3900	3800	2	7