BC CANCER
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 and according to acceptable standards of care

PROTOCOL CODE: UGIBPEMI

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

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(s) #:**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)
☐ **phosphate** day of treatment

May proceed with doses as written if within 96 hours **phosphate less than or equal to 1.78 mmol/L, total bilirubin less than or equal to 3 x ULN, and creatinine clearance greater than or equal to 30 mL/min.**

Dose modification for: _____

Proceed with treatment based on blood work from _____

TREATMENT: ☐ **Repeat in three weeks**

pemigatinib 13.5 mg PO once daily x 14 days on Days 1 to 14, then 7 days off

Dose modification if required:
☐ **pemigatinib 9 mg** PO once daily x 14 days on Days 1 to 14, then 7 days off
☐ **pemigatinib 4.5 mg** PO once daily x 14 days on Days 1 to 14, then 7 days off

Mitte: _____ cycle(s)

RETURN APPOINTMENT ORDERS

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

CBC & Diff, creatinine, total bilirubin, ALT, alkaline phosphatase, phosphate, calcium prior to each cycle

phosphate, calcium, creatinine on Days 8 and 15 of Cycle 1

Weekly nursing assessment during Cycle 1

If clinically indicated:
☐ **CEA** ☐ **CA 19-9** ☐ **INR** weekly ☐ **INR** prior to each cycle
☐ **albumin** ☐ **GGT** ☐ **sodium** ☐ **potassium** ☐ **magnesium**
☐ **weekly nursing assessment for Cycle 2 and onwards**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

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