



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

**PROTOCOL CODE: GOOVGEM**

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle:					
<input type="checkbox"/> Delay Treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment May proceed with doses as written if within 48 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 100 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ <b>Proceed with treatment based on blood work from</b> _____					
<b>PREMEDICATIONS:</b>					
<input type="checkbox"/> prochlorperazine 10 mg PO or <input type="checkbox"/> metoclopramide 10 mg PO prior to treatment <input type="checkbox"/> Other:					
<b>TREATMENT:</b>					
gemcitabine 800 mg/m <sup>2</sup> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes on <b>Day 1, 8 and 15.</b>					
<b>DOSE MODIFICATION (If required for Day 8 and / or 15 )</b>					
Day <input type="checkbox"/> 8 and 15    OR <input type="checkbox"/> Day 15    (select one)					
gemcitabine 800 mg/m <sup>2</sup> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes.					
<b>RETURN APPOINTMENT ORDERS</b>					
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____. Book chemo Day 1, 8 and 15. <input type="checkbox"/> Last Cycle. Return in _____ weeks.					
<b>Cycle 1: CBC &amp; Diff</b> prior to Day 1, and on Days 8, and 15. <b>Subsequent cycles:</b> <b>CBC &amp; Diff</b> prior to Day 1; if indicated, also on <input type="checkbox"/> Day 8 and/or <input type="checkbox"/> Day 15. If clinically indicated, prior to Day 1: <input type="checkbox"/> creatinine <input type="checkbox"/> ALT <input type="checkbox"/> total bilirubin <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CEA <input type="checkbox"/> SCC <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>