



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, Platelets</b> day of treatment May proceed with doses as written if within 24 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"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____					
<b>PREMEDICATIONS:</b>					
<input type="checkbox"/> prochlorperazine 10 mg PO <b>or</b> <input type="checkbox"/> metoclopramide 10 mg PO prior to treatment <input type="checkbox"/> <b>Other:</b>					
<b>CHEMOTHERAPY:</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 <b>OR</b> <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, platelets</b> prior to Day 1, and on Days 8, and 15. <b>Subsequent cycles: CBC &amp; Diff, platelets</b> prior to Day 1; if indicated, also on <input type="checkbox"/> Day 8 and/or <input type="checkbox"/> Day 15. If clinically indicated: <input type="checkbox"/> <b>CA 125</b> <input type="checkbox"/> <b>CA 15-3</b> <input type="checkbox"/> <b>CA 19-9</b> <input type="checkbox"/> <b>CEA</b> prior to Day 1 <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>