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: LYGEMOXPEG

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 and platelets** day 1 of treatment

Day 1: May proceed with doses as written, if within 72 hours **ANC greater than or equal to 1.0 x 10^9/L, Platelets greater than or equal to 75 x 10^9/L, creatinine clearance greater than or equal to 50 mL/minute, direct bilirubin less than 51 micromol/L, ALT less than or equal to 5 times upper limit of normal**

Day 8: May proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, Platelets greater than or equal to 75 x 10^9/L**

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

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

DAY 1

ondansetron 8 mg PO prior to treatment.

dexamethasone ☐ **8 mg** or ☐ **12 mg** PO (select one) prior to treatment.

☐ **Other:**

Prior to pegaspargase:

acetaminophen 650 mg PO

diphenhydrAMINE ☐ **25 mg** or ☐ **50 mg** *(select one)* ☐ PO or ☐ IV *(select one)*

hydrocortisone 100 mg IV

If fibrinogen less than 0.5 g/L:

☐ **fibrinogen concentrate 4 g** IV prior to pegaspargase (complete transfusion medicine order).

Refer to protocol for guidance regarding pegaspargase.

NO ice chips.

DAY 8

☐ **prochlorperazine 10mg** PO or ☐ **metoclopramide 10mg** PO prior to treatment

☐ **Other**

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

PROTOCOL CODE: LYGEMOXPEG

Date:

**** Have Hypersensitivity Reaction Tray and Protocol Available****

TREATMENT:

CHEMOTHERAPY

gemcitabine 1000 mg/m² x BSA = _____mg

☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg

IV in 250 mL NS over 30 minutes on **Day 1** and **Day 8**

oxaliplatin 130 mg/m² x BSA = _____ mg

☐ Dose Modification: _____mg/m² x BSA = _____mg

IV in 250 to 500 mL D5W over 2 hours. Flush line with D5W pre and post oxaliplatin on **Day 1**

☐ RN to administer 250 to 1000 mL D5W concurrently with oxaliplatin infusion, titrated to reduce phlebitis discomfort for patient

pegaspargase ☐ **2500 units/m²** **or** ☐ **1500 units/m²** *(select one)* X BSA = _____ units

☐ IV in 100 mL NS over 1 hour ***OR*** ☐ IM *(select one)* on **Day 1**

☐ Dose Modification: _____ units/m² x BSA x_____% =_____units

☐IV in 100 mL NS over 1 hour ***OR*** ☐IM *(select one)* on **Day 1**

Note: for IM administration: volumes greater than 2 mL should be administered in 2 separate sites to reduce pain

For IV infusion: Monitor BP and vitals before and at 15, 30 and 60 minutes during pegaspargase administration; observe for 1 hour after end of infusion

For IM injection: Monitor BP and vitals, plus visual inspection of injection site before and after injection; and observe for 1 hour after injection

DOSE MODIFICATION (IF REQUIRED) ON DAY 8:

gemcitabine 1000 mg/m² x BSA = _____mg

☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg

IV in 250 mL NS over 30 minutes on **Day 8**

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

PROTOCOL CODE: LYGEMOXPEG

Date:	
RETURN APPOINTMENT ORDERS	
☐ Return in **three** weeks for Doctor and Cycle _____. Book chemo on Day 1 and Day 8. ☐ Last Cycle. Return in _____ week(s).	
CBC and differential, platelets, creatinine, sodium, potassium, magnesium, calcium, phosphate, albumin, bilirubin (direct and indirect), ALT, alkaline phosphatase, GGT, LDH, triglycerides, lipase, random glucose, uric acid, INR, PT, PTT, fibrinogen prior to Day 1 **CBC and differential, platelets** prior to Day 8 **ALT, alkaline phosphatase, GGT, bilirubin (direct and indirect), lipase, random glucose** twice a week (every Monday and Thursday) ☐ If clinically indicated: **EBV DNA** ☐ **ECG** ☐ **Other tests:** ☐ **Consults:** ☐ **See general orders sheet for additional requests.**	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**