

PROTOCOL CODE: BRAVGEMP

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: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 mL/min. Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
<input type="checkbox"/> For CISplatin: dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment on Day 1 and 8 ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1 and 8 <input type="checkbox"/> For CARBOplatin: dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to CARBOplatin				
AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin		
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin		
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin		
If additional antiemetic required:				
<input type="checkbox"/> OLANZapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment <input type="checkbox"/> Other: _____				
Have Hypersensitivity Reaction Tray and Protocol Available				
CHEMOTHERAPY:				
gemcitabine <input type="checkbox"/> 600 or <input type="checkbox"/> 750 mg/m ² /day (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8				
CISplatin 30 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 100 to 250 mL NS over 30 minutes on Day 1 and 8				
OR				
gemcitabine 600 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8				
CARBOplatin (AUC = 5) x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1 only				
*** SEE PAGE 2 FOR DAY 8 DOSE MODIFICATION IF REQUIRED***				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:

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DOCTOR'S ORDERS	
DATE:	
DOSE MODIFICATION REQUIRED ON DAY 8:	
gemcitabine <input type="checkbox"/> 600 or <input type="checkbox"/> 750 mg/m ² /day (select one) x BSA = _____ mg	
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg	
IV in 250 mL NS over 30 minutes on Day 8	
CISplatin 30 mg/m ² x BSA = _____ mg	
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg	
IV in 100 to 250 mL NS over 30 minutes on Day 8	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____, book chemo Day 1 & 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets, Creatinine, ALT, Alk Phos, Bili, LDH prior to each cycle CBC & Diff, Platelets, Creatinine prior to Day 8 <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: