



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

# PROTOCOL CODE: GIAVCETIR

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## DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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** day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/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 \_\_\_\_\_.

**ondansetron 8 mg** PO prior to treatment

**dexamethasone**  **8 mg** or  **12 mg** (*select one*) PO 30 minutes prior to cetuximab

**diphenhydrAMINE 50 mg** PO 30 minutes prior to cetuximab

**Prophylactic atropine 0.3 mg** SC

**Other:** \_\_\_\_\_

**magnesium sulfate 2 G** in 50 mL NS over 30 minutes for hypomagnesemia

**magnesium sulfate 5 G** in 100 mL NS over 3 hours for hypomagnesemia

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

### CHEMOTHERAPY:

**Cycle 1:**

**cetuximab (first dose) 500 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV over **2 hours** using a **0.2 micron** in-line filter. May flush cetuximab line with normal saline post infusion.

**Observe for 1 hour post infusion. Obtain vital signs pre-infusion, at 1 hour and post-infusion\*.**

**irinotecan 180 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 500 mL D5W over 1 hour 30 min

**Cycle 2 and higher:**  **Repeat in two weeks**  **Repeat in two and in four weeks**

**cetuximab (subsequent dose) 500 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV over **1 hour** (use **0.2 micron** in-line filter). May flush cetuximab line with normal saline post infusion.

**Obtain vital signs pre-infusion and 1 hour post-infusion\*.**

**\*Observe for 1 hour following end of 1<sup>st</sup> and 2<sup>nd</sup> infusion. May discontinue observation period if no infusion reaction for 2 consecutive doses.**

**irinotecan 180 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 500 mL D5W over 1 hour 30 min

**DOCTOR'S SIGNATURE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**UC:** \_\_\_\_\_

**PROTOCOL CODE: GIAVCETIR**

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<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>	
<b>Counsel patient</b> to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO q 2 h until diarrhea free x 12 hours (may take 4 mg PO q 4 h during the night).			
<b>atropine 0.3 to 0.6 mg SC prn</b> repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.			
<b>RETURN APPOINTMENT ORDERS</b>			
<input type="checkbox"/> Return in <b>two</b> weeks for Doctor and Cycle _____			
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycles ____ & ____ . Book chemo x 2 cycles			
<input type="checkbox"/> Last Cycle. Return in _____ week(s)			
<b>CBC &amp; diff, sodium, potassium, magnesium, calcium, bilirubin, ALT, and Alk Phos</b> prior to each cycle			
<input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle			
<input type="checkbox"/> CEA			
<input type="checkbox"/> Other tests:			
<input type="checkbox"/> Book for PICC assessment / insertion per Centre process			
<input type="checkbox"/> Book for IVAD insertion per Centre process			
<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>	