

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 and according to acceptable standards of care.

## PROTOCOL CODE: GIAVPG

Page 1 of 2							
DOCTOR'S ORDERS	Ht	cm	Wt	_kg	BSA	m²	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form							
DATE: To be given: Cy			cle #:				
Date of Previous Cycle:							
<ul> <li>Delay treatment week(s)</li> <li>CBC &amp; Diff, platelets day of treatment</li> <li>May proceed with doses as written if within 24 hours 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, creatinine clearance greater than or equal to 60 mL/min (if using ClSplatin)</li> <li>Dose modification for: </li> <li>Hematology </li> <li>Other Toxicity:</li> </ul>							
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm							
CARBOplatin:         dexamethasone       8 mg or       12 mg (select one) PO prior to CARBOplatin         AND select       ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin         ONE of the following:       aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin         Image: Im							
If additional antiemetic required: OLANZapine 2.5 mg or 5 mg or 10 mg (select one) PO 30 to 60 minutes prior to treatment Other:							
**Have Hypersensitivity Reaction Tray and Protocol Available**							
CHEMOTHERAPY: gemcitabine 1000 mg/m²/day x BSA = mg Dose Modification:% = mg/m²/day x BSA = mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8							
CISplatin 25 mg/m²/day x BSA = mg Dose Modification:% = mg/m²/day x BSA = mg IV in 100 to 250 mL NS IV over 30 minutes on Day 1 and Day 8 OR							
CARBOplatin AUC 5 x (GFR + 25) =mg IV in 100 to 250 mL NS over 30 minutes Day 1							
*** SEE PAGE 2 FOR DAY 8 DOSE MODIFICATION IF REQUIRED***							
DOCTOR'S SIGNATURE:				SIC	BNATURE		
				UC			



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Page 2 of 2

DOCTOR'S ORDERS					
DATE:					
DOSE MODIFICATION REQUIRED ON DAY 8: gemcitabine 1000 mg/m²/day x BSA = mg Dose Modification:% = mg/m²/day x BSA = m IV in 250 mL NS over 30 minutes on Day 8	g				
CISplatin 25 mg/m²/day x BSA = mg (not applicable if CARBOplatin Day 1) Dose Modification:% = mg/m²/day x BSA = mg IV in 100 to 250 mL NS IV over 30 minutes on Day 8					
RETURN APPOINTMENT ORDERS					
<ul> <li>Return in <u>three</u> weeks for Doctor and Cycle Book chemo Day 1 &amp; 8.</li> <li>Last Cycle. Return in week(s).</li> </ul>					
CBC & Diff, platelets, creatinine, total bilirubin, ALT prior to Day 1 CBC & Diff, platelets, creatinine prior to Day 8					
If clinically indicated:					
CA19-9 CEA ECG INR prior to next cycle INR weekly					
☐ alkaline phosphatase  ☐ albumin  ☐ GGT  ☐ sodium  ☐ potassium					
Other tests:					
Consults:					
See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:	SIGNATURE:				
	UC:				