



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 and according to acceptable standards of care

PROTOCOL CODE: GIAVFL

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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(s) #:		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s)				
<input type="checkbox"/> CBC & Diff, Platelets, Bili, ALT, Alk Phos day of treatment				
May proceed with doses as written if within 72 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L				
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 _____.				
CHEMOTHERAPY: <input type="checkbox"/> Repeat in two weeks				
<input type="checkbox"/> leucovorin 400 mg/m² x BSA = _____ mg				
IV in 250 mL D5W over 1 hour 30 minutes				
OR				
<input type="checkbox"/> leucovorin 20 mg/m² x BSA = _____ mg				
IV push				
fluorouracil 400 mg/m² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg				
IV push THEN				
fluorouracil 2400 mg/m² x BSA = _____ mg**				
<input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg**				
IV over 46 hours in D5W to a total volume of 230 mL by continuous infusion at 5 mL/h via Baxter LV5 INFUSOR				
** For 3000 to 5500 mg dose, select INFUSOR per dose range below (doses outside dose banding range are prepared as ordered):				
Dose Banding Range	Dose Band INFUSOR (mg)	Pharmacist Initial and Date		
Less than 3000 mg	Pharmacy to mix specific dose			
3000 to 3400 mg	3200 mg			
3401 to 3800 mg	3600 mg			
3801 to 4200 mg	4000 mg			
4201 to 4600 mg	4400 mg			
4601 to 5000 mg	4800 mg			
5001 to 5500 mg	5250 mg			
Greater than 5500 mg	Pharmacy to mix specific dose			
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	



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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in two weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in four weeks for Doctor and Cycle _____ & _____. Book chemo x 2 cycles. <input type="checkbox"/> Return in six weeks for Doctor and Cycles _____, _____ & _____. Book chemo x 3 cycles <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets prior to each treatment Bilirubin, ALT, Alk Phos, Creatinine prior to each even numbered cycle <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> CEA <input type="checkbox"/> CA 19-9 <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"/> Weekly Nursing Assessment for (specify concern): _____ <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: