

PROTOCOL CODE: GIAVPG

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| DOCTOR'S ORDERS | |
| DATE: | |
| DOSE MODIFICATION REQUIRED ON DAY 8: | |
| gemcitabine 1000 mg/m ² /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 8 | |
| CISplatin 25 mg/m ² /day x BSA = _____ mg (not applicable if CARBOplatin Day 1) | |
| <input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² /day x BSA = _____ mg | |
| IV in 100 to 250 mL NS IV 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, total bilirubin, ALT prior to Day 1 CBC & Diff, platelets, creatinine prior to Day 8 If clinically indicated: <input type="checkbox"/> CA19-9 <input type="checkbox"/> CEA <input type="checkbox"/> ECG <input type="checkbox"/> INR prior to next cycle <input type="checkbox"/> INR weekly <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests. | |
| DOCTOR'S SIGNATURE: | SIGNATURE: |
| | UC: |