



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: GIGECC

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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:** _____ **Cycle #:** _____

Date of Previous Cycle: _____

Delay treatment _____ week(s)

CBC & diff, platelets day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than 100 x 10⁹/L, and Creatinine Clearance greater than or equal to 60 mL/minute**

Dose modification for: **Hematology** **Other Toxicity** _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.
dexamethasone **8 mg** or **12 mg** (select one) PO 30 to 60 minutes prior to treatment and **select ONE** of the following:

- aprepitant 125 mg PO 30 to 60 minutes prior to treatment**
- ondansetron 8 mg PO 30 to 60 minutes prior to treatment**
- netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment**

Other: _____

PRE-HYDRATION: 1000 mL NS over 1 hour pre-CISplatin

CHEMOTHERAPY:

epirubicin 50 mg/m² x BSA = _____ mg

Dose Modification: _____% = _____ mg/m² x BSA = _____ mg

IV push

CISplatin 60 mg/m² x BSA = _____ mg

Dose Modification: _____% = _____ mg/m² x BSA = _____ mg

IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g mannitol over 1 hour

capecitabine 625 mg/m² x BSA x (_____%) = _____ mg PO BID x 21 days

(refer to Capecitabine Suggested Tablet Combination Table for dose rounding)

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____ Pre-surgery Post-surgery

Return in _____ weeks for Doctor and Cycle _____ Pre-surgery Post-surgery

Last Cycle. Return in _____ week(s).

CBC & diff, platelets, serum creatinine, sodium, potassium, ALT, alk phos prior to each cycle

INR weekly **INR** prior to each cycle

Other tests:

Weekly Nursing Assessment

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: