



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: GIPAJGEM

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/Week #:			
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment May proceed with doses as written if within 48 hours ANC greater than 1.0 x 10⁹/L, Platelets greater than 100 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 _____.					
<input type="checkbox"/> prochlorperazine 10 mg PO or <input type="checkbox"/> metoclopramide 10 mg PO prior to treatment <input type="checkbox"/> Other:					
CHEMOTHERAPY:					
gemcitabine 1000 mg/m ² x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg					
IV in 250 mL NS over 30 minutes weekly x 3 weeks					
DOSE MODIFICATION IF REQUIRED ON SUBSEQUENT DAYS:					
gemcitabine 1000 mg/m ² x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg					
IV in 250 mL NS over 30 minutes on days _____					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo on weeks 1, 2 and 3					
<input type="checkbox"/> Last Cycle. Return in _____ week(s)					
CBC & Diff, Platelets prior to each treatment If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> Creatinine <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC: