

PROTOCOL CODE: GIAJCAP

(Page 1 of 1)

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 #:		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & diff, platelets, creatinine day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L, Creatinine Clearance greater than 50 mL/min.				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Age/ECOG <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 three weeks				
capecitabine <input type="checkbox"/> 1000 or <input type="checkbox"/> 1250 mg/m ² (<i>select one</i>) x BSA x (_____ %) = _____ mg PO BID x 14 days				
(refer to Capecitabine Suggested Tablet Combination Table for dose rounding)				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in six weeks for Doctor and Cycle _____ & _____. Book chemo x 2 cycles <input type="checkbox"/> Last Cycle. Return in _____ week(s)				
CBC & diff, platelets, creatinine prior to each cycle If clinically indicated: <input type="checkbox"/> BUN <input type="checkbox"/> Albumin <input type="checkbox"/> Bilirubin <input type="checkbox"/> Alk Phos <input type="checkbox"/> GGT <input type="checkbox"/> ALT <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Weekly Nursing Assessment <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: