



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: GIFFIRB

(Page 1 of 2)

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(s) #:

Date of Previous Cycle:

Delay treatment _____ week(s)

CBC and Diff, Platelets day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L, BP less than or equal to 160/100.** For those patients on warfarin, hold bevacizumab if **INR greater than 3.0**

Dose modification for: Hematology

Other Toxicity _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.
ondansetron 8 mg PO prior to treatment

dexamethasone 8 mg or 12 mg (*circle one*) PO prior to treatment

Prophylactic atropine 0.3 mg SC

Other:

CHEMOTHERAPY: (Note – continued over 2 pages)

Repeat in two weeks Repeat in two and in four weeks

irinotecan 180 mg/m² x BSA = _____ mg

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

IV in 500 mL D5W over 1 hour 30 minutes*

leucovorin 400 mg/m² x BSA = _____ mg IV in 250 mL D5W over 1 hour 30 minutes*

*Irinotecan and Leucovorin may be infused at the same time by using a Y-connector placed immediately before the injection site.

OR

leucovorin 20 mg/m² x BSA = _____ mg IV push

fluorouracil 400 mg/m² x BSA = _____ mg

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

IV push

bevacizumab 5 mg/kg x _____ kg = _____ mg

IV in 100 mL NS over 15 minutes. Flush line with 25 mL NS pre and post dose.

(Blood pressure measurement pre and post dose for first 3 cycles and prior to Bevacizumab for subsequent cycles.)

Pharmacy to select bevacizumab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
bevacizumab		

**** SEE PAGE 2 FOR FLUOROURACIL INFUSIONAL CHEMOTHERAPY ****

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

PROTOCOL CODE: GIFFIRB

(Page 2 of 2)

DATE:

CHEMOTHERAPY: (Continued)

fluorouracil 2400 mg/m² x BSA = _____ mg**

Dose Modification: _____ mg/m² 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	

Counsel patient to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO q 2 h until diarrhea free x 12 hours (may take 4 mg PO q 4 h during the night).

atropine 0.3 to 0.6 mg SC prn repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.

RETURN APPOINTMENT ORDERS

- Return in **two** weeks for Doctor and Cycle _____
- Return in **four** weeks for Doctor and Cycles ____ & _____. Book chemo x 2 cycles.
- Return in **six** weeks for Doctor and Cycles ____, ____ & _____. Book chemo x 3 cycles.
- Last Cycle. Return in _____ week(s)

CBC & Diff, Platelets, and Blood Pressure Measurement prior to each cycle
Sodium, Potassium, Creatinine, Bilirubin, ALT, Alk Phos, Albumin prior to each **even numbered cycle**

Dipstick Urine OR laboratory urinalysis for protein at the beginning of each **even numbered cycle**.

(If results are 2+ or 3+ or greater than or equal to 1 g/L laboratory urinalysis for protein then:

- 24 hr urine for total protein** must be done 3 days prior to next cycle)
- INR weekly** **INR** prior to each cycle
- CEA** **CA 19-9**
- Other tests:**
- Book for PICC assessment / insertion** per Centre process
- Book for IVAD insertion** per Centre process
- Weekly Nursing Assessment for (specify concern):** _____

- Consults:**
- See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: