

PROTOCOL CODE: GIFUC

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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 day of treatment May proceed with doses as written if within 48 hours ANC greater than or equal to $1.0 \times 10^9/L$, Platelets greater than or equal to $100 \times 10^9/L$, Creatinine Clearance greater than or equal to 60 mL/minute 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 _____. ondansetron 8 mg PO prior to treatment dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment <input type="checkbox"/> Other:					
CHEMOTHERAPY: CISplatin 25 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 30 minutes weekly on Days 1, 8, 15 and 22 fluorouracil 1000 mg/m²/day x BSA = _____ mg/day for 2 days. Total dose = _____ mg over 48 hours. (Maximum dose = 5000 mg/48 hours) on Days 1, 8, 15 and 22 <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg/day for 2 days. Total dose = _____ mg over 48 h. (Maximum dose = 5000 mg/48 hours) on Days 1, 8, 15 and 22 IV in D5W to a total volume of 240 mL by continuous infusion at 5 mL/h via Baxter LV5 infusor weekly					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo weekly x 4 <input type="checkbox"/> Last Cycle. Return in _____ week(s)					
CBC & Diff, Platelets, Creatinine prior to each treatment If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> Imaging Studies: _____ <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Book for PICC assessment / insertion per Centre process <input type="checkbox"/> Book for IVAD insertion per Centre process <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:		