



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: HNAVGEM

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 day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 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 1250 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8				
DOSE MODIFICATION FOR DAY 8:				
gemcitabine 1250 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo Day 1 and Day 8 <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:		