



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: GIAVRALIR

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 #: _____

Date of Previous Cycle: _____

Delay treatment _____ week(s)

CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to $1.5 \times 10^9/L$, Platelets greater than or equal to $100 \times 10^9/L$ and Creatinine clearance greater than or equal to 65 mL/min**

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 (select one) PO prior to treatment

Prophylactic atropine 0.3 mg SC

Other:

CHEMOTHERAPY: Repeat in three weeks Repeat in four weeks

raltitrexed 3 mg/m² or _____ mg/m² (select one) x BSA = _____ mg

IV in 100 mL NS over 15 minutes

irinotecan 180 mg/m² or _____ mg/m² (select one) x BSA = _____ mg

IV in 500 mL D5W over 1 hour 30 minutes

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 **three** weeks for Doctor and Cycle _____

Return in **four** weeks for Doctor and Cycle _____

Return in **six** weeks for Doctor and Cycle _____ & _____. Book chemo x 2 cycles

Return in **eight** weeks for Doctor and Cycle _____ & _____. Book chemo x 2 cycles

Last cycle. Return in _____ week(s)

CBC & diff, platelets, creatinine, bilirubin, ALT, alkaline phosphatase prior to each cycle

CEA CA 19-9 ECG

Other tests:

Weekly Nursing Assessment for (specify concern): _____

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: