

PROTOCOL CODE: GIGFLODOC

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 72 hours ANC greater than or equal to 1.5 x 10⁹/L and Platelets greater than or equal to 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 _____. ondansetron 8 mg PO prior to chemotherapy dexamethasone 8 mg PO BID for 3 days, starting one day prior to treatment; patient must receive 3 doses prior to treatment NO ice chips do NOT use frozen gloves <input type="checkbox"/> Other: Patient to receive a prescription of filgrastim (G-CSF) (to be given every other day starting day 5 x 5 doses)					
Have Hypersensitivity Reaction Tray and Protocol Available					
<input type="checkbox"/> Pre-operative (cycles 1-4) or <input type="checkbox"/> Post-operative (cycles 5-8) (please select one)					
CHEMOTHERAPY:					
DOCEtaxel 50 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour (Use non-DEHP tubing)					
Prior to starting oxaliplatin, flush lines with D5W (oxaliplatin is NOT compatible with NS)					
oxaliplatin 85 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL D5W over 2 hours*					
leucovorin 200 mg/m² x BSA = _____ mg IV in 250 mL D5W over 2 hours* *oxaliplatin and leucovorin may be infused over same two hour period by using a Y-site connector placed immediately before the injection site					
fluorouracil 2600 mg/m²/day x BSA = _____ mg over 24 hours <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV over 24 hours in D5W to a total volume of 240 mL by continuous infusion at 10 mL/h via Baxter LV10 INFUSOR					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:



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

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DOCTOR'S ORDERS	
DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in two weeks for Doctor and Cycle _____. <input type="checkbox"/> pre-op <input type="checkbox"/> post-op <input type="checkbox"/> Last pre-op cycle. Return in ____ weeks for Doctor and Cycle 5 (post-op) <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets, Creatinine, Bilirubin, ALT, Alk Phos, Sodium, Potassium, Magnesium, Calcium prior to each cycle <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> ECG <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 PICC dressing change <input type="checkbox"/> Weekly Nursing Assessment (specify concern): _____ <input type="checkbox"/> Consults: <input type="checkbox"/> Filgrastim (G-CSF) Prescription written (consider Pharmacare Special Authority) <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: