



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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: GIFIRINOX**

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment					
May proceed with doses as written if within 72 hours <b>ANC <u>greater than or equal to 1.5 x 10<sup>9</sup>/L</u>, Platelets <u>greater than or equal to 75 x 10<sup>9</sup>/L</u></b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>dexamethasone</b> <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> (select one) PO 30 to 60 minutes prior to treatment and <b>select ONE</b> of the following:					
<input type="checkbox"/>	<b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to treatment on Day 1, then <b>80 mg</b> PO daily on Day 2 and 3 <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment				
<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg</b> PO 30 to 60 minutes prior to treatment				
<input type="checkbox"/> Prophylactic <b>atropine 0.3 mg</b> SC <b>NO ice chips</b> <input type="checkbox"/> <b>Other:</b> _____					
<b>CHEMOTHERAPY: (Note – continued over 2 pages)</b> <input type="checkbox"/> <b>repeat in 2 weeks</b>					
All lines to be primed with D5W <b>oxaliplatin 85 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 to 500 mL D5W over 2 hours immediately followed by <b>leucovorin 400 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL D5W over 1 hour 30 minutes* <b>irinotecan 180 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 500 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.					
*** SEE PAGE 2 FOR FLUOROURACIL CHEMOTHERAPY ***					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>



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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

# PROTOCOL CODE: GIFIRINOX

## DOCTOR'S ORDERS

DATE:

### CHEMOTHERAPY: (Continued)

fluorouracil 400 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV push THEN

fluorouracil 2400 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg\*\*

Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> 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 Cycle \_\_\_\_\_ and \_\_\_\_\_
- Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, Platelets, Creatinine, Bili, ALT, Alk Phos, Sodium, Potassium, Mg, Ca** prior to each cycle

- INR weekly       INR prior to each cycle
- ECG               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: