



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: GIGAVFFOX

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] - 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(s) #: _____

Date of Previous Cycle: _____

Delay treatment _____ week(s)

CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to $1.2 \times 10^9/L$, Platelets greater than or equal to $75 \times 10^9/L$**

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

NO ice chips

Other: _____

CHEMOTHERAPY: (Note - continued over 2 pages)

Repeat in two weeks Repeat in two and in four weeks

All lines to be primed with D5W

oxaliplatin 85 mg/m^2 x BSA = _____ mg

Dose Modification: _____ mg/m^2 x BSA = _____ mg

IV in 250 to 500 mL D5W over 2 hours*

leucovorin 400 mg/m^2 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

OR

leucovorin 20 mg/m^2 x BSA = _____ mg

IV push

***** SEE PAGE 2 FOR FLUOROURACIL CHEMOTHERAPY *****

DOCTOR'S SIGNATURE: _____

SIGNATURE: _____
UC: _____



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DATE:

CHEMOTHERAPY: (Continued)

fluorouracil 400 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV push **THEN**

fluorouracil 2400 mg/m² x BSA = _____ mg**

Dose Modification: _____ mg/m² 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	

RETURN APPOINTMENT ORDERS

- Return in **two** weeks for Doctor and Cycle _____
- Return in **four** weeks for Doctor and Cycles _____ & _____. Book chemo x 2 cycles
- Return in **six** weeks for Doctor and Cycles _____, _____ & _____. Book chemo x 3 cycles
- 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: