BC CANCER
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: GIPGEMABR

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/Week #:**

Date of Previous Cycle:

☐ Delay treatment ______ week(s)
☐ **CBC & diff, platelets** day of treatment

- May proceed with doses day 1 as written, if within 48 hours **ANC greater than or equal to 1.5 x 10^9/L, Platelets greater than or equal to 100 x 10^9/L, Bilirubin less than or equal to 1.5 x ULN, AST or ALT less than or equal to 10 x ULN**
- May proceed with doses day 8 and day 15 **(if day 8 was given)** as written, if within 48 hours **ANC greater than or equal to 1 x 10^9/L, Platelets greater than or equal to 75 x 10^9/L**
- **Refer to protocol for day 15 bloodwork parameters if day 8 was omitted.**

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 12 mg** PO prior to treatment
☐ **Other:**

CHEMOTHERAPY:

PACLitaxel NAB (ABRAXANE) ☐ **125 mg/m²** or ☐ **100 mg/m²** or ☐ **75 mg/m²** ***(select one)*** x BSA = ___________mg
IV over 30 minutes weekly x 3 weeks on Days 1, 8 & 15 (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with **15** micron filter)

gemcitabine ☐ **1000 mg/m²** or ☐ **800 mg/m²** or ☐ **600 mg/m²** ***(select one)*** x BSA = ____________ mg
IV in 250 mL NS over 30 minutes weekly x 3 weeks on Days 1, 8 & 15

DOSE MODIFICATION IF REQUIRED ON SUBSEQUENT DAYS:

PACLitaxel NAB (ABRAXANE) ☐ **100 mg/m² or** ☐ **75 mg/m²** ***(select one)*** x BSA = _________mg
IV over 30 minutes on Days ___________ (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with **15** micron filter)

gemcitabine ☐ **800 mg/m²** or ☐ **600 mg/m²** ***(select one)*** x BSA= _________ mg
IV in 250 mL NS over 30 minutes on Days___________

☐ Return in **four** or _________weeks for Doctor and Cycle ______. Book chemo on days 1, 8, and 15
☐ Return for Physician only in __________ week(s).
☐ Last Cycle. Return in ________ week(s)

CBC & Diff, Platelets, BILI, ALT, Alk Phos, creatinine prior to each cycle (day 1)
CBC & diff, platelets prior to days 8 and 15.
☐ **CEA** ☐ **CA 19-9**
☐ **Imaging Study:**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: