



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 and according to acceptable standards of care.

PROTOCOL CODE: GUAJPG

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DOCTOR'S ORDERS	
DATE:	
DOSE MODIFICATION REQUIRED ON DAY 8:	
gemcitabine <input type="checkbox"/> 1250 or <input type="checkbox"/> 1000 mg/m ² /day (select one) x BSA = _____ mg	
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg	
IV in 250 mL NS over 30 minutes on Day 8	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____, book chemo Day 1 & 8.	
<input type="checkbox"/> Book Day 2 chemo if required.	
<input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets, Creatinine, ALT, Alk Phos, Bili prior to each cycle	
CBC & Diff, Platelets, Creatinine prior to Day 8	
<input type="checkbox"/> Other tests:	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: