

**PROTOCOL CODE: GIAJCAP**

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<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, creatinine</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/L, Creatinine Clearance greater than 50 mL/min.</b>  Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Age/ECOG</b> <input type="checkbox"/> <b>Other Toxicity</b> _____  Proceed with treatment based on blood work from _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____		
<b>CHEMOTHERAPY:</b> <input type="checkbox"/> Repeat in three weeks  capecitabine 1250 mg/m <sup>2</sup> or 1000 mg/m <sup>2</sup> (circle one) x BSA x ( _____ %) = _____ mg PO BID x 14 days  (refer to <a href="#">Capecitabine Suggested Tablet Combination Table</a> for dose rounding)		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in <b>six</b> weeks for Doctor and Cycle _____ & _____. Book chemo x 2 cycles <input type="checkbox"/> Last Cycle. Return in _____ week(s)		
<b>CBC &amp; diff, platelets, creatinine</b> prior to each cycle  If clinically indicated: <input type="checkbox"/> <b>BUN</b> <input type="checkbox"/> <b>Albumin</b> <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>Alk Phos</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>ALT</b> <input type="checkbox"/> <b>INR</b> weekly <input type="checkbox"/> <b>INR</b> prior to each cycle <input type="checkbox"/> <b>Other tests:</b>  <input type="checkbox"/> <b>Weekly Nursing Assessment</b> <input type="checkbox"/> <b>Consults:</b>  <input type="checkbox"/> See general orders sheet for additional requests.		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>