



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: GIFOLFIRI

(Page 1 of 2)

DOCTOR'S ORDERS			Ht _____ cm	Wt _____ kg	BSA _____ m ²
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: _____					
<input type="checkbox"/> Delay treatment _____ week(s)					
<input type="checkbox"/> CBC & Diff, Platelets day of treatment					
May proceed with doses as written if within 72 hours ANC <u>greater than or equal to</u> $1.5 \times 10^9/L$, Platelets <u>greater than or equal to</u> $75 \times 10^9/L$					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> 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 <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (<i>circle one</i>) PO prior to treatment					
<input type="checkbox"/> Prophylactic atropine 0.3 mg SC					
<input type="checkbox"/> Other: _____					
CHEMOTHERAPY: (Note – continued over 2 pages)					
<input type="checkbox"/> Repeat in two weeks <input type="checkbox"/> Repeat in two and in four weeks					
irinotecan $180 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg					
<input type="checkbox"/> Dose Modification: _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg					
IV in 500 mL D5W over 1 hour 30 minutes*					
leucovorin $400 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg					
IV in 250 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.					
OR					
leucovorin $20 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg					
IV push					
*** SEE PAGE 2 FOR FLUOROURACIL CHEMOTHERAPY ***					
DOCTOR'S SIGNATURE: 				SIGNATURE: 	
				UC: 	



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(Page 2 of 2)

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	

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 Cycles _____ & _____. Book chemo x 2 cycles
- ☐ Return in **six** weeks for Doctor and Cycle _____, _____ & _____. Book chemo x 3 cycles.
- ☐ Last Cycle. Return in _____ week(s)

CBC & Diff, Platelets, prior to each cycle

Bilirubin, ALT, Alk Phos, Creatinine prior to each doctor's visit

☐ INR weekly ☐ INR prior to each cycle

☐ 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: