

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 <a href="www.bccancer.bc.ca">www.bccancer.bc.ca</a> and according to acceptable standards of care

PROTOCOL CODE: GIIRINALT

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\*For other indications or for more than 6 cycles, a BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies a	and previous b	leomycin a	re docui	mented on	the Aller	gy & 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 as written if within 24 hours 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  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) prior to treatment  Prophylactic atropine 0.3 mg SC  Other:						
CHEMOTHERAPY:						
irinotecan 125 mg/m² x BSA =mg  ☐ Dose Modification:mg/m² x BSA =mg  IV in 500 mL D5W over 1 hour 30 minutes  ☐ Repeat doses as written weekly x 4						
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).						
<b>atropine 0.3 to 0.6 mg</b> SC prn repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing						
RETURN APPOINTMENT ORDERS						
☐ Return in weeks for Doctor and Cy☐ Last Cycle. Return in weeks.	/cle Boo	ok chemo w	eekly x 4			
CBC & Diff, Platelets prior to each treatment If clinically indicated:  CEA CA 19-9 Bilirubin ALT Alk Phos						
☐ Imaging Study:						
Other tests:						
Consults:						
See general orders sheet for additional	requests.					
DOCTOR'S SIGNATURE:				SIG	SNATUF	₹E:
				UC	:	