

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="https://www.bccancer.bc.ca/terms-of-use">www.bccancer.bc.ca/terms-of-use</a> and according to acceptable standards of care.

PROTOCOL CODE: GIRALT

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\*For more than 6 cycles, a BC Cancer "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 and previous bleomycin are documented on the Allergy & Alert Form						
DATE: To be give	/en:			Cycle #:		
Date of Previous Cycle:						
☐ Delay treatment week(s)						
☐ CBC & Diff, Platelets day of treatment						
May proceed with doses as written if within 96 hour	rs ANC gre	ater than <mark>or</mark>	equal t	<u>o</u> 1.5 x 10 <sup>9</sup> /L	, Platelets <u>q</u>	reater than
or equal to 100 x 10 <sup>9</sup> /L, Creatinine Clearance greater than 65 mL/min.						
greater than of mermin.						
Dose modification for: Hematology		Other	<b>Foxicity</b>	/:		
Proceed with treatment based on blood work from	om					
PREMEDICATIONS: Patient to take own supply	/. RN/Phari	macist to con	ıfirm			·
prochlorperazine 10 mg PO or metoclopramide 10 to 20 mg PO prior to treatment						
☐ Other:						
CHEMOTHERAPY:						
raltitrexed 3 mg/m² x BSA =mg						
☐ Dose Modification: mg/m² x BSA	<i>4</i> =	ma				
IV in 100 mL NS over 15 minutes		3				
RETURN APPOINTMENT ORDERS						
☐ Return in ☐ <u>three</u> weeks or ☐ <u>four</u> weeks <i>(se</i>	elect one) fo	r Doctor and	Cycle _			
Last Cycle. Return in week(s)						
CBC & Diff, Platelets, Creatinine, Bilirubin, ALT,	, LDH, Alk	Phos prior to	each c	ycle		
Other tests:						
☐ Consults:						
$\ \square$ See general orders sheet for additional requ	iests.					
DOCTOR'S SIGNATURE:				SIG	NATURE:	
				UC:		