

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 <u>www.bccancer.bc.ca</u> and according to acceptable standards of care

PROTOCOL CODE: GIRCAP

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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 g	given:			Cycle #:	
Date of Previous Cycle:					
Delay treatment week(s)					
CBC & diff, platelets, creatinine day of treatment					
May proceed with doses as written if within 96 hours ANC <u>greater than or equal to</u> 1.5 x 10 ⁹ /L, Platelets <u>greater than</u> <u>or equal to</u> 75 x 10 ⁹ /L, and Creatinine Clearance <u>greater than</u> 50 mL/minute					
Dose modification for: Hematology Other Toxicity					
Proceed with treatment based on blood work from					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm					
CHEMOTHERAPY:					
capecitabine \Box 1250 mg/m ² or \Box mg/m ² (select one) x BSA x (%) =mg PO BID x 14 days.					
(refer to Capecitabine Suggested Tablet Combination Table for dose rounding)					
RETURN APPOINTMENT ORDERS					
Beturn in three weeks for Dector and are ab	ama Cuala				
Return in <u>three</u> weeks for Doctor and oral ch	ento Cycle _				
Last Cycle. Return in week(s)					
CBC & diff, platelets, creatinine prior to each c	vcle				
□ INR weekly □ INR prior to each cycle	yolo				
☐ Other tests:					
Weekly Nursing Assessment					
Consults:					
☐ See general orders sheet for additional re	quests.				
DOCTOR'S SIGNATURE:				SIGNATUR	ES:
				UC:	