

PROTOCOL CODE: GUAJPG

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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 #: _____
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 24 hours ANC greater than or equal to $1.0 \times 10^9/L$, Platelets greater than or equal to $100 \times 10^9/L$, Creatinine Clearance greater than or equal to 60 mL/min* *If CISplatin on Days 1 and 8, Creatinine Clearance greater than or equal to 45 mL/min		
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 _____. dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1 (and <input type="checkbox"/> Day 8) and select ONE of the following:		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1 (and <input type="checkbox"/> Day 8) ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1 (and <input type="checkbox"/> Day 8) netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1 (and <input type="checkbox"/> Day 8) ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1 (and <input type="checkbox"/> Day 8) prochlorperazine 10 mg PO prior to treatment on Day 8 (omit if CISplatin pre-meds given on Day 8) metoclopramide 10 mg PO prior to treatment on Day 8 (omit if CISplatin pre-meds given on Day 8) Other: _____	
Have Hypersensitivity Reaction Tray and Protocol Available		
HYDRATION: Prehydrate with 1000 mL NS IV over 1 hour prior to CISplatin		
CHEMOTHERAPY: gemcitabine <input type="checkbox"/> 1250 or <input type="checkbox"/> 1000 mg/m²/day (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL NS over 30 minutes on Day 1 and Day 8 CISplatin 70 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g Mannitol over 1 hour Day 1 only OR CISplatin 35 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g Mannitol over 1 hour Days 1 and 8 OR CARBOplatin (AUC = 5) x (GFR + 25) = _____ mg IV in 250 mL NS over 30 minutes Day 1 only (Reminder: Gemcitabine dosed at 1000 mg/m ² , if carboplatin used)		
DOSE MODIFICATION REQUIRED ON DAY 8: gemcitabine <input type="checkbox"/> 1250 or <input type="checkbox"/> 1000 mg/m²/day (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 8		
DOCTOR'S SIGNATURE:	SIGNATURE: UC:	



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/terms-of-use and according to acceptable standards of care.

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RETURN APPOINTMENT ORDERS

DATE:

- ☐ Return in **three** weeks for Doctor and Cycle _____, book chemo Day 1 & 8.
☐ Book Day 2 chemo if required.
☐ Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, ALT, Alk Phos, Bili prior to each cycle

CBC & Diff, Platelets, Creatinine prior to Day 8

- ☐ **Other tests:**
☐ **Consults:**
☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: