

**PROTOCOL CODE: GUAVPG**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
<b>DATE:</b> _____	<b>To be given:</b> _____	<b>Cycle #:</b> _____
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 24 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 60 mL/min*</b> <b>*If CISplatin on Days 1 and 8, Creatinine Clearance greater than or equal to 45 mL/min</b>		
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity:</b> _____ Proceed with treatment based on blood work from _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>dexamethasone</b> <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 <b>select ONE</b> of the following:		
<input type="checkbox"/>	<b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to treatment on Day 1 (and <input type="checkbox"/> Day 8) <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment on Day 1 (and <input type="checkbox"/> Day 8)	
<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg</b> PO 30 to 60 minutes prior to treatment on Day 1 (and <input type="checkbox"/> Day 8)	
<input type="checkbox"/>	<b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment on Day 1 (and <input type="checkbox"/> Day 8)	
<input type="checkbox"/> <b>prochlorperazine 10 mg</b> PO prior to treatment on Day 8 (omit if CISplatin pre-meds given on Day 8) <input type="checkbox"/> <b>metoclopramide 10 mg</b> PO prior to treatment on Day 8 (omit if CISplatin pre-meds given on Day 8) <input type="checkbox"/> Other: _____		
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>		
<b>HYDRATION:</b> Prehydrate with 1000 mL NS IV over 1 hour prior to CISplatin		
<b>CHEMOTHERAPY:</b> <b>gemcitabine</b> <input type="checkbox"/> 1250 or <input type="checkbox"/> 1000 mg/m <sup>2</sup> /day (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes on <b>Day 1 and Day 8</b>		
<b>CISplatin 70 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g Mannitol over 1 hour <b>Day 1 only</b> <b>OR</b> <b>CISplatin 35 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g Mannitol over 1 hour <b>Days 1 and 8</b> <b>OR</b> <b>CARBOplatin (AUC = 5) x (GFR + 25) = _____ mg</b> IV in 100 to 250 mL NS over 30 minutes <b>Day 1 only</b> (Reminder: Gemcitabine dosed at 1000 mg/m <sup>2</sup> , if carboplatin used)		
<b>DOSE MODIFICATION REQUIRED ON DAY 8:</b> <b>gemcitabine</b> <input type="checkbox"/> 1250 or <input type="checkbox"/> 1000 mg/m <sup>2</sup> /day (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes on <b>Day 8</b>		
<b>DOCTOR'S SIGNATURE:</b>		



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____, book chemo Day 1 & 8. <input type="checkbox"/> Book Day 2 chemo if required. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<b>CBC &amp; Diff, Platelets, Creatinine, ALT, Alk Phos, Bili</b> prior to each cycle  <b>CBC &amp; Diff, Platelets, Creatinine</b> prior to Day 8  <input type="checkbox"/> <b>Other tests:</b>  <input type="checkbox"/> <b>Consults:</b>  <input type="checkbox"/> See general orders sheet for additional requests.	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>  <b>UC:</b>