BC CANCER
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.

PROTOCOL CODE: GIENDO2

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:

☐ Delay treatment ______ week(s)
☐ CBC & Diff, Platelets 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 than or equal to</u> 100 x 10^9/L,**
Creatinine Clearance <u>greater than</u> 50 mL/min, Bilirubin <u>less than</u> 25 micromol/L

Dose modification for: ☐ **Hematology** ☐ **Renal Dysfunction** ☐ **Other Toxicity** _______________
Proceed with treatment based on blood work from __________________________

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm __________________________.

ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Days 1 to 5
dexamethasone 12 mg PO 30 to 60 minutes prior to treatment on Day 1, then **4 mg** PO BID on Days 2 to 5
aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, then **80 mg** PO daily on Day 2 and 3

If treatment on Day 22:
ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 22
dexamethasone 12 mg PO 30 to 60 minutes prior to treatment on Day 22

CHEMOTHERAPY:

streptozocin 500 mg/m²/day x BSA = ______ mg
☐ Dose Modification: ________% = ________ mg/m² x BSA = __________ mg
IV daily in 100 mL NS over 15 minutes x 5 consecutive days **(Days 1 to 5)**

DOXOrubicin 50 mg/m² x BSA = ________ mg
☐ Dose Modification: ________% = ________ mg/m² x BSA = __________ mg
IV push on **Days 1** and **22**
OR
fluorouracil 400 mg/m² x BSA = _______ mg
☐ Dose Modification: ________% = ________ mg/m² x BSA = __________ mg
IV push daily x 5 consecutive days **(Days 1 to 5)**

RETURN APPOINTMENT ORDERS

☐ Return in **<u>six</u>** weeks for Doctor and Cycle _____. Book chemo on **Days 1 to 5** and **Day 22**
☐ Last Cycle. Return in ________ week(s)

CBC & Diff, Platelets prior to each treatment on **Days 1** and **22**
Creatinine prior to each treatment on **Day 1**

If clinically indicated: ☐ **ALT** ☐ **Alk Phos** ☐ **Bili**
☐ serum chromogranin A ☐ 24 urine 5-HIAA

☐ **Other tests:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: