



**PROTOCOL CODE: GIFFIRPAN**

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<b>DATE:</b>		
<b>CHEMOTHERAPY: (Continued)</b>		
fluorouracil 400 mg/m <sup>2</sup> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg IV push <b>THEN</b>		
fluorouracil 2400 mg/m <sup>2</sup> x BSA = _____ mg** <input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg** IV over 46 hours in D5W to a total volume of 230 mL by continuous infusion at 5 mL/h via Baxter LV5 INFUSOR ** For 3000 to 5500 mg dose, <b>select INFUSOR per dose range below (doses outside dose banding range are prepared as ordered):</b>		
<b>Dose Banding Range</b>	<b>Dose Band INFUSOR (mg)</b>	<b>Pharmacist Initial and Date</b>
Less than 3000 mg	Pharmacy to mix specific dose	
3000 to 3400 mg	3200 mg	
3401 to 3800 mg	3600 mg	
3801 to 4200 mg	4000 mg	
4201 to 4600 mg	4400 mg	
4601 to 5000 mg	4800 mg	
5001 to 5500 mg	5250 mg	
Greater than 5500 mg	Pharmacy to mix specific dose	
<b>Counsel patient</b> to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO q 2 h until diarrhea free x 12 hours (may take 4 mg PO q 4 h during the night).		
<b>atropine 0.3 to 0.6 mg</b> SC prn repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>two</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycles _____ & _____. Book chemo x 2 cycles. <input type="checkbox"/> Return in <b>six</b> weeks for Doctor and Cycles _____, _____ & _____. Book chemo x 3 cycles. <input type="checkbox"/> Last Cycle. Return in _____ week(s)		
<b>CBC &amp; Diff, Platelets, Bilirubin, ALT, Alk Phos, Creatinine, Sodium, Potassium, Magnesium, and Calcium</b> prior to each cycle  <input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> CEA <input type="checkbox"/> CA 19-9 <input type="checkbox"/> Other tests: <input type="checkbox"/> Book for PICC assessment / insertion per Centre process <input type="checkbox"/> Book for IVAD insertion per Centre process <input type="checkbox"/> Weekly Nursing Assessment for (specify concern): _____ <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>