



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

**PROTOCOL CODE: GIGAJCPRT**

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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** day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, platelets greater than or equal to 75 x 10<sup>9</sup>/L, creatinine clearance greater than or equal to 60 mL/minute.**

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 \_\_\_\_\_.

**Cycles 1 and 2, 4 and 5:**

dexamethasone  8 mg or  12 mg (select one) PO 30 to 60 minutes prior to CISplatin

AND select ONE of the following:	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin and ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CISplatin

If additional antiemetic required:

**OLANZapine**  2.5 mg or  5 mg or  10 mg (select one) PO 30 to 60 minutes prior to CISplatin

**HYDRATION:** 1000 mL NS over 1 hour prior to CISplatin.

**CHEMOTHERAPY:**

**Cycle 1:** 3 week cycle (weeks 1-3) pre-RT

**Cycle 4:** 3 week cycle starting 2-4 weeks post-RT

**Cycle 2:** 3 week cycle (weeks 4-6) pre-RT

**Cycle 5:** 3 week cycle post-RT

**CISplatin 60 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in NS 500 mL with potassium chloride 20 mEq, magnesium sulfate 1 g, and mannitol 30 g over 1 hour **Day 1 only.**

**capecitabine 1000 mg/m<sup>2</sup> x BSA x ( \_\_\_\_\_ %) = \_\_\_\_\_ mg PO BID x 14 days**

(refer to [Capecitabine Suggested Tablet Combination Table](#) for dose rounding)

**Cycle 3:** Over 5 weeks (weeks 7-11)

**capecitabine 825 mg/m<sup>2</sup> x BSA x ( \_\_\_\_\_ %) = \_\_\_\_\_ mg PO BID each RT day only.** (refer to [Capecitabine Suggested Tablet Combination Table](#) for dose rounding). The second dose should be taken 10-12 hours after the first dose. To be dispensed in appropriate weekly intervals, Monday-Friday with Saturday, Sunday and Statutory holidays off.

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**SIGNATURE:**

**UC:**



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Page 2 of 2

**RETURN APPOINTMENT ORDERS**

**DATE:**

- Return in **three** weeks for Doctor and chemo Cycle  2 or  5 (select one).  
Book chemo for **Day 1**.
- Return in **three** weeks for Doctor and Cycle 3 oral chemo.
- Return in \_\_\_\_\_ weeks for Doctor assessment during RT.
- Return in \_\_\_\_\_ weeks (2-4 weeks) after RT completed for Doctor and Cycle 4.  
Book chemo for **Day 1**.
- Last Cycle. Return in \_\_\_\_\_ week(s).

- CBC & diff, platelets, creatinine** prior to each treatment
- CBC & diff, platelets, creatinine** weekly during radiation therapy
- If clinically indicated:  **total protein**  **albumin**  **total bilirubin**  **GGT**
- alkaline phosphatase**  **LDH**  **ALT**  **urea**  **sodium**  **potassium**
- INR** weekly  **INR** prior to each cycle
- Other tests:**
- Weekly Nursing Assessment for (specify concern):** \_\_\_\_\_
- Consults:**
- See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**