

PROTOCOL CODE: GUBGEMDOC

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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:	Induction: Week#:	Maintenance: Month#			
Date of Previous Cycle:						
<input type="checkbox"/> Delay treatment _____ week(s)			<input type="checkbox"/> Omit treatment _____ week(s)			
No routine labs tests required before each treatment						
** Have Spill Kit and Protocol Available**						
CHEMOTHERAPY:						
Induction (weekly for 6 doses):						
Instill:						
<input type="checkbox"/> gemcitabine 1000 mg diluted with normal saline up to 45 mL for instillation into bladder via catheter. Clamp and dwell for 1 to 2 hours.						
Then drain bladder until flow stops (no need to irrigate) and instill:						
<input type="checkbox"/> docetaxel 37.5 mg diluted with normal saline up to 45 mL for instillation into bladder via catheter. Clamp and dwell for 1 to 2 hours. Drain bladder and remove catheter.						
Maintenance (monthly for 10 doses):						
Instill:						
<input type="checkbox"/> gemcitabine 1000 mg diluted with normal saline up to 45 mL for instillation into bladder via catheter. Clamp and dwell for 1 to 2 hours.						
Then drain bladder until flow stops (no need to irrigate) and instill:						
<input type="checkbox"/> docetaxel 37.5 mg diluted with normal saline up to 45 mL for instillation into bladder via catheter. Clamp and dwell for 1 to 2 hours. Drain bladder and remove catheter.						
RETURN APPOINTMENT ORDERS						
<input type="checkbox"/> Notify urologist office to book flexible cystoscopy post induction and every third maintenance dose (approximately every 3 months)						
<input type="checkbox"/> Book maintenance doses every four weeks x _____ treatments, to start six weeks after the end of induction therapy						
<input type="checkbox"/> Last maintenance dose: notify urologist office to book follow up.						
If clinically indicated:						
<input type="checkbox"/> CBC & Diff, Platelets						
<input type="checkbox"/> Sodium, Potassium, Urea, Creatinine						
<input type="checkbox"/> See general orders sheet for additional requests.						
DOCTOR'S SIGNATURE:				SIGNATURE:		
				UC:		