

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 <a href="www.bccancer.bc.ca">www.bccancer.bc.ca</a> and according to acceptable standards of care

## PROTOCOL CODE: GIAVPANI

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DOCTOR'S ORDERS Htcm Wtkg BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE: To be given: Cycle (	(s) #:
Date of Previous Cycle:	
☐ Delay treatment week(s)	
Blood work to be done within 96 hours prior to treatment.	
Dose modification for:   Dermatologic toxicity  Proceed with treatment based on blood work from  Other Toxicity	
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm	
** Have Hypersensitivity Reaction Tray and Protocol Available**	
TREATMENT: □ Repeat in two weeks         PANitumumab 6 mg/kg x kg = mg         □ Dose Modification: mg/kg x kg = mg	
IV in 100 mL NS over 1 hour. If tolerated, administer over 30 minutes in subsequent cycles. Use 0.2 micron in-line filter.	
RETURN APPOINTMENT ORDERS	
Return in <u>two</u> weeks for Doctor and Cycle  Return in <u>four</u> weeks for Doctor and Cycle	
Sodium, potassium, magnesium and calcium prior to each cycle	
If clinically indicated:   CBC and differential creatinine bilirubin ALT  alkaline phosphatase CEA	
<ul> <li>☐ Other tests:</li> <li>☐ Weekly Nursing Assessment for rash:</li> <li>☐ Consults:</li> <li>☐ See general orders sheet for additional requests.</li> </ul>	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: