

PROTOCOL CODE: GIAVPG

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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:	Cycle #:			
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s)					
<input type="checkbox"/> CBC & Diff, platelets day of treatment					
May proceed with doses as written if within 24 hours ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, creatinine clearance greater than or equal to 60 mL/min (if using CISplatin)					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____					
Proceed with treatment based on blood work from _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.					
<input type="checkbox"/> For CISplatin					
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment on Day 1 and 8					
ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1 and 8					
<input type="checkbox"/> CARBOplatin:					
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to CARBOplatin					
AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin			
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin			
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin			
If additional antiemetic required:					
<input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment					
<input type="checkbox"/> Other:					
Have Hypersensitivity Reaction Tray and Protocol Available					
CHEMOTHERAPY:					
gemcitabine 1000 mg/m ² /day x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg					
IV in 250 mL NS over 30 minutes on Day 1 and Day 8					
CISplatin 25 mg/m ² /day x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg					
IV in 100 to 250 mL NS IV over 30 minutes on Day 1 and Day 8					
OR					
CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1					
*** SEE PAGE 2 FOR DAY 8 DOSE MODIFICATION IF REQUIRED***					
DOCTOR'S SIGNATURE:				SIGNATURE:	
				UC:	

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DOCTOR'S ORDERS	
DATE:	
DOSE MODIFICATION REQUIRED ON DAY 8: gemcitabine 1000 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 8	
CISplatin 25 mg/m²/day x BSA = _____ mg (not applicable if CARBOplatin Day 1) <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 100 to 250 mL NS IV over 30 minutes on Day 8	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo Day 1 & 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, platelets , creatinine , total bilirubin prior to Day 1 CBC & Diff, platelets , creatinine prior to Day 8 If clinically indicated: <input type="checkbox"/> CA19-9 <input type="checkbox"/> CEA <input type="checkbox"/> GGT <input type="checkbox"/> INR <input type="checkbox"/> PTT <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: