

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 and according to acceptable standards of care

PROTOCOL CODE: GIFFIRPAN

(Page 1 of 2)

DOCTOR'S ORDERS	Ht	cm Wt	kg BSA	m²	
REMINDER: Please ensure drug alle	rgies and previous	bleomycin are dod	umented on the All	ergy & Alert Form	
DATE:	To be given:		Cycle(s) #:		
Date of Previous Cycle:					
☐ Delay treatment week(s) ☐ CBC and Diff, Platelets day of treatment	atment				
May proceed with doses as written if working or equal to 75 x 109/L	ithin 72 hours ANC <u>c</u>	greater than or equ	<u>al to</u> 1.5 x 10 ⁹ /L, Plat	telets greater than	
Dose modification for:		☐ Other Toxid	city		
PREMEDICATIONS: Patient to take	own supply. RN/Ph	narmacist to confirm		·	
ondansetron 8 mg PO prior to treatme	ent				
dexamethasone 🗌 8 mg or 🔲 12 mg	(select one) PO prid	or to treatment			
☐ Prophylactic atropine 0.3 mg SC					
☐ Other:					
magnesium sulfate 2 g in 50 mL N	NS over 30 minutes f	or hypomagnesemia	ı		
magnesium sulfate 5 g in 100 mL	NS over 3 hours for	hypomagnesemia			
CHEMOTHERAPY: (Note – continued over 2 pages) ☐ Repeat in two weeks ☐ Repeat in two and in four 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. Flush lines with 25 mL NS pre and post PANitumumab infusion.					
irinotecan 180 mg/m² x BSA =r □ Dose Modification:r IV in 500 mL D5W over 1 hour 30 min	mg/m² x BSA =	mg			
☐ leucovorin 400 mg/m² x BSA = IV in 250 mL D5W over 1 hour 30 min *irinotecan and leucovorin may be info injection site.	nutes*	e by using a Y-conn	ector placed immedia	ately before the	
OR					
☐ leucovorin 20 mg/m² x BSA = IV push ** SEE PAC	mg GE 2 FOR FLUOR	OURACIL CHEMO	OTHERAPY ***		
DOCTOR'S SIGNATURE:					



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 and according to acceptable standards of care

PROTOCOL CODE: GIFFIRPAN

(Page 2 of 2)

DATE:							
CHEMOTHERAPY: (Continued)							
fluor	ouracil 400 mg/m² x BSA =	mg					
	Dose Modification:	mg mg/m² x BSA =mg					
IV	push THEN						
fluor	fluorouracil 2400 mg/m² x BSA = mg**						
		mg/m² x BSA =mg					
		otal volume of 230 mL by continuous					
** For 3000 to 5500 mg dose, select INFUSOR per dose range below (doses outside dose banding range are							
prep	ared as ordered):	December of INCHOOR (man)	Disamo a sia tilo	itial and Bata			
	Dose Banding Range	Dose Band INFUSOR (mg)	Pharmacist In	Itiai and Date			
	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					
Counsel patient 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).							
atropine 0.3 to 0.6 mg SC prn repeat up to 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.							
RETURN APPOINTMENT ORDERS							
Return in two weeks for Doctor and Cycle							
Return in <u>four</u> weeks for Doctor and Cycles & Book chemo x 2 cycles.							
Return in six weeks for Doctor and Cycles, & Book chemo x 3 cycles.							
	ast Cycle. Return in		·				
	& Diff, Platelets, Bilirubin,						
	nesium, and Calcium prior						
Ь.	ND						
	NR weekly INR prior to	each cycle					
☐ CEA ☐ CA 19-9							
	Other tests:						
Book for PICC assessment / insertion per Centre process							
Book for IVAD insertion per Centre process							
	Veekly Nursing Assessmer						
_	Consults:						
	See general orders sheet fo	or additional requests.					
DOCTOR'S SIGNATURE:			SIGNATURE:				
				UC:			
				_ 			