

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: GIIRINALT

(Page 1 of 1)

*For other indications or for more than 6 cycles, a BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form						
DATE: To be given: Cycle/Week #:						
Date of Previous Cycle:						
□ Delay treatment week(s) □ CBC & Diff, Platelets day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 1.5 x 10°/L, Platelets greater than or equal to 75 x 10°/L Dose modification for: □ Hematology □ Other Toxicity: Proceed with treatment based on blood work from						
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm						
ondansetron 8 mg PO prior to treatment						
dexamethasone 8 mg or 12 mg (select one) prior to treatment						
☐ Prophylactic atropine 0.3 mg subcutaneously						
☐ Other:						
CHEMOTHERAPY:						
irinotecan 125 mg/m² x BSA =mg ☐ Dose Modification:mg/m² x BSA =mg IV in 500 mL D5W over 1 hour 30 minutes on Days 1, 8, 15, and 22.						
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 subcutaneously prn. Repeat up to 1.2 mg subcutaneously for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.						
RETURN APPOINTMENT ORDERS						
☐ Return in 6 weeks for Doctor and Cycle ☐ Last Cycle. Return in weeks.	Book chei	mo weekly :	x 4			
CBC & Diff, Platelets prior to each treatment						
If clinically indicated: CEA CA 19-9						
☐ Bilirubin ☐ ALT ☐ Alk Phos						
☐ Imaging Study:						
☐ Other tests:						
☐ Consults:						
☐ See general orders sheet for additional	requests.					
DOCTOR'S SIGNATURE:				SIG	NATU	RE:
				UC	:	