

PROTOCOL CODE: GOOVGAG

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 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 _____.		
dexamethasone 8 mg PO 30 to 60 minutes 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 CARBOplatin <input type="checkbox"/> Other: _____		
Have Hypersensitivity Reaction Tray and Protocol Available		
CHEMOTHERAPY:		
DAY 1		
gemcitabine <input type="checkbox"/> 800 mg/m ² OR <input type="checkbox"/> _____ mg/m ² (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes. (Maximum Dose = 2000 mg)		
CARBOplatin AUC <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 OR <input type="checkbox"/> 4 (select one) X (GFR+25) = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg IV in 100 to 250 mL NS over 30 minutes, after gemcitabine.		
DAY 8		
gemcitabine <input type="checkbox"/> 800 mg/m ² OR <input type="checkbox"/> _____ mg/m ² (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes. (Maximum Dose = 2000 mg)		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle # _____. Book chemo Day 1 and 8 <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, Platelets, Creatinine , prior to Day 1 each cycle CBC & Diff, Platelets , prior to Day 8 each cycle <input type="checkbox"/> Day 14: CBC & Diff, platelets Other tests: <input type="checkbox"/> Nuclear renogram for GFR If Clinically Indicated: <input type="checkbox"/> CA -125 <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 19-9 prior to each cycle <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: