



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: BRAVGEM

<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>		
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay Treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, platelets</b> day of treatment May proceed with doses as written if within 24 hours <b>ANC <u>greater than or equal to</u> 1 x 10<sup>9</sup>/L, Platelets <u>greater than or equal to</u> 90 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____		
<b>PREMEDICATIONS:</b> <input type="checkbox"/> <b>Prochlorperazine</b> 10 mg PO prior to treatment <input type="checkbox"/> <b>Metoclopramide</b> 10 mg PO prior to treatment <input type="checkbox"/> <b>Other:</b> _____		
<b>CHEMOTHERAPY:</b> <b>Gemcitabine 800 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes on <b>Day 1, 8 and 15.</b>		
<b>DOSE MODIFICATION (If required for Day 8 and/or 15)</b> <b>Day 8 and 15    OR    Day 15    (circle one)</b> <b>Gemcitabine 800 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes.		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo Day 1, 8 and 15. <input type="checkbox"/> Last Cycle. Return in _____ weeks.		
<b>CBC &amp; Diff, Platelets</b> prior to each treatment  <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>		
DOCTOR'S SIGNATURE:		SIGNATURE:  UC: