

Doctor's Order Sheet
Gemcitabine-Irinotecan Regimen:
Gemcitabine-Irinotecan
(Part I)
Adult Chemotherapy- Medical Oncology
Advanced Pancreatic Cancer Therapy



CC1520 0023 06 2018

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

☐ No Known

Date: DD/MONTH/YYYY

Planned Administration Date (Day 1): DD/MONTH/YYYY

Cycle of

Cycle Duration: **21 days**

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than** $1.5 \times 10^9/L$ and platelets **greater than** $100 \times 10^9/L$, otherwise notify Medical Oncologist.
- LFT's and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS:

☐ Ondansetron 16 mg PO

☐ Dexamethasone 8 mg PO

☐ Other: _____

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT; PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION. USER WILL BE SOLELY RESPONSIBLE FOR VERIFYING ITS CURRENCY AND ACCURACY.

Doctor's Order Sheet
Gemcitabine-Irinotecan Regimen:
Gemcitabine-Irinotecan
(Part II)
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Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

Name: _____

HCN: _____

Date of Birth: _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

☐ **Gemcitabine 1000 mg/m²** X BSA= _____ mg IV in 250 mLs NS over 30 minutes on Days 1 & 8

☐ Dose modification: **1000 mg/m²** X BSA - _____ % = _____ mg IV in 250 mLs NS
over 30 minutes on Days 1 & 8

☐ **Irinotecan 100 mg/m²** X BSA = _____ mg IV in 500 mL D5W over 90 minutes on Days 1 & 8

☐ Dose modification: **100 mg/m²** X BSA - _____ % = _____ mg IV in 500 mL D5W
over 90 minutes on Days 1 & 8

HYDRATION/SUPPORTIVE CARE:

Atropine 0.4 mg intravenous prn for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis, or flushing.

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

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