BC CANCER
Provincial Health Services Authority

PROTOCOL CODE: BRAJACTG

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:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff, platelets** day of treatment
May proceed with doses as written if within 72 hours **ANC greater than or equal to 1.0 x 10^9/L, Platelets greater than or equal to 100 x 10^9/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 _____.
dexamethasone ☐ **8 mg** or ☐ **12 mg** (select one) PO 30 to 60 minutes prior to AC treatment
and **select** ONE of the following:

☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to AC treatment
☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to AC treatment **ondansetron 8 mg** PO 30 to 60 minutes prior to AC treatment
☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to AC treatment

OR

45 Minutes Prior to PACLitaxel: dexamethasone 20 mg IV in NS 50 mL over 15 minutes
30 Minutes Prior to PACLitaxel: diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and **famotidine 20 mg** IV in NS 100 mL over 15 minutes (Y-site compatible)
☐ **Other:**

****Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 5 to 8****

CHEMOTHERAPY:

DOXOrubicin 60 mg/m^2 x BSA = _____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV push

cyclophosphamide 600 mg/m^2 x BSA = _____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in NS 100 to 250 mL over 20 minutes to 1 hour

OR

PACLitaxel 175 mg/m^2 x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in NS 250 to 500 mL (non-DEHP bag) over 3 hours (Use non-DEHP tubing with 0.2 micron in-line filter)

RETURN APPOINTMENT ORDERS

☐ Return in **two** weeks for Doctor and Cycle _____
☐ Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day _____
☐ Last Cycle. Return in _____week(s)

CBC & Diff, Platelets prior to each cycle
Prior to **Cycle 5**: **Bilirubin, ALT**
If clinically indicated: ☐**Creatinine** ☐**ALT** ☐**Bilirubin** ☐**Muga Scan** ☐**Echocardiogram**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:
UC: