



Provincial Health Services Authority

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: GOOVD0C

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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 #: _____

Date of Previous Cycle: _____

Delay Treatment _____ week(s)

CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 96 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: Hematology Other Toxicity _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____

dexamethasone 8 mg PO BID for 3 days, starting one day prior to treatment; patient must receive a minimum of 3 doses pre-treatment

Optional: Frozen gloves starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing.

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY:

DOCEtaxel 75 mg/m² or 60 mg/m² (circle one) x BSA = _____ mg

Dose Modification: _____% = _____ mg/m² x BSA = _____ mg

IV in 250 to 500 mL (non-DEHP bag) NS over 1 hour. (Use non-DEHP tubing)

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____

Last Cycle. RTC in _____ weeks.

CBC & Diff, Platelets prior to each cycle

If Clinically Indicated and prior to Cycle 4:

- Tot. Prot Albumin Bilirubin GGT Alk Phos.
- LDH ALT CA 125

Other tests:

Consults:

See general orders sheet for further orders

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: