



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: KSAD

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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 24 hours **ANC greater than 1 x 10<sup>9</sup>/L**, Platelets **greater than 75 x 10<sup>9</sup>/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** \_\_\_\_\_.

**Prochlorperazine 10 mg** PO pre-chemotherapy PRN OR

**Metoclopramide 10 mg** PO pre-chemotherapy PRN

CHEMOTHERAPY:

**Doxorubicin (circle one) 15 mg, 20 mg, or** \_\_\_\_\_ **mg IV x ( \_\_\_\_\_%) =** \_\_\_\_\_ **mg IV push**  
weekly x (circle one) 2 or \_\_\_\_\_ weeks

**RETURN APPOINTMENT ORDERS**

Return in \_\_\_\_\_ weeks for Doctor and Cycle \_\_\_\_\_

Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, Platelets** prior to each cycle

**If clinically indicated:**

Tot. Prot  Albumin  Bilirubin  GGT  Alk Phos.

AST  LDH  ALT  BUN  Creatinine

**Other tests:** (ie: ECG, Echocardiogram, MUGA Scan) \_\_\_\_\_

**Consults:**

**See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: