



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: BRAVA7

<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> 1.5 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> _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
<b>Ondansetron 8 mg</b> PO prior to treatment				
<b>Dexamethasone 8 mg or 12 mg</b> (circle one) PO prior to treatment				
<input type="checkbox"/> <b>Other:</b> _____				
CHEMOTHERAPY:				
<b>Doxorubicin 15 or 20 mg/m<sup>2</sup></b> (circle one) x BSA x ( _____ %) = _____ mg IV push on <b>Day 1, 8 and 15</b>				
<b>DOSE MODIFICATION (if required for Day 8 or 15)</b>				
<b>Doxorubicin 15 or 20 mg/m<sup>2</sup></b> (circle one) x BSA x ( _____ %) = _____ mg IV push on Day _____				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book chemo for Day 1, 8, and 15 <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets</b> prior to each treatment day				
If clinically indicated: <input type="checkbox"/> <b>Tot. Prot</b> <input type="checkbox"/> <b>Albumin</b> <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>Alk Phos.</b> <input type="checkbox"/> <b>AST</b> <input type="checkbox"/> <b>LDH</b> <input type="checkbox"/> <b>ALT</b> <input type="checkbox"/> <b>BUN</b> <input type="checkbox"/> <b>Creatinine</b> <input type="checkbox"/> <b>MUGA</b> <input type="checkbox"/> <b>Echocardiogram</b>				
<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>				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				UC: