



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: BRAJAC

**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** on day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to  $1.5 \times 10^9/L$** , Platelets **greater than or equal to  $90 \times 10^9/L$**

Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

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

**Ondansetron 8 mg** PO prior to treatment

**Dexamethasone 8 mg** or **12 mg** (circle one) PO prior to treatment

Other

**CHEMOTHERAPY:**

**DOXOrubicin 60 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

**Dose Modification:** \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV push

**Cyclophosphamide 600 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

**Dose Modification:** \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 100 to 250 mL NS over 20 minutes to 1 hour

**RETURN APPOINTMENT ORDERS**

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

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

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

If clinically indicated:  **Creatinine**  **Bilirubin**

**Other tests:**

**Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: