



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: BRAJACT

<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 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than 90 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ Proceed with treatment based on blood work from _____					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>Ondansetron 8 mg PO</b> prior to AC treatment <b>Dexamethasone 8 mg or 12 mg</b> (circle one) PO prior to AC treatment <b>OR</b> 45 Minutes Prior to Paclitaxel: <b>Dexamethasone 20 mg IV</b> in 50 mL NS over 15 minutes 30 Minutes Prior to Paclitaxel: <b>Diphenhydramine 50 mg IV</b> and <b>Ranitidine 50 mg IV</b> in 50 mL NS over 20 minutes (compatible up to 3 hrs when mixed in bag) <input type="checkbox"/> <b>Other:</b> _____					
<b>**Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 5 to 8**</b>					
<b>CHEMOTHERAPY:</b> <b>DOXOrubicin 60 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push  <b>Cyclophosphamide 600 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour <b>OR</b> <b>Paclitaxel 175 mg/m<sup>2</sup> OR 150 mg/m<sup>2</sup></b> (circle one) x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL (non-PVC bag) NS over 3 hours (use non-PVC tubing with in-line filter.)					
<b>RETURN APPOINTMENT ORDERS</b>					
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____					
<input type="checkbox"/> Last Cycle. Return in _____ week(s)					
<b>CBC &amp; Diff, Platelets</b> prior to each cycle <input type="checkbox"/> <b>Bilirubin, AST</b> , prior to next treatment. If clinically indicated: <input type="checkbox"/> <b>Creatinine</b> <input type="checkbox"/> <b>AST</b> <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>Muga Scan</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>					
DOCTOR'S SIGNATURE:				SIGNATURE:	
				UC:	