



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: BRAJCEF

<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 or equal to 100 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> _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>Ondansetron 8 mg PO</b> prior to treatment <b>Dexamethasone 8 mg OR 12 mg</b> (circle one) PO prior to treatment <input type="checkbox"/> <b>Other:</b> _____				
<b>CHEMOTHERAPY:</b>				
<b>Epirubicin 60 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg IV push on Day 1 and 8 <b>Fluorouracil 500 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg IV push on Day 1 and 8 <b>Cyclophosphamide 75 mg/m<sup>2</sup>/day</b> x BSA x ( _____ % ) = _____ mg PO daily, Days 1-14 (round to nearest 25 mg)				
<b>OR</b>				
<b>DOSE MODIFICATION REQUIRED ON DAY 8:</b>				
<b>Epirubicin 60 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg IV push on Day 8 <b>Fluorouracil 500 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg IV push on Day 8 <b>Cyclophosphamide 75 mg/m<sup>2</sup>/day</b> x BSA x ( _____ % ) = _____ mg PO daily on Days 8-14 (round to nearest 25 mg)				
<input type="checkbox"/> <b>Prescription given for antibiotics</b> (cotrimoxazole 2 tabs po bid continuously, if allergic, substitute ciprofloxacin 500 mg po bid or norfloxacin 400 mg po bid)				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____. Book chemo room for Days 1 and 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s)				
<b>CBC &amp; Diff, Platelets</b> prior to each treatment If clinically indicated: <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>Creatinine</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: _____