



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 and according to acceptable standards of care.

PROTOCOL CODE: BRAJDC

Class II Drug

Indication for Use:

- Adjuvant treatment for high-risk node negative or node positive patients who are not considered candidates for a standard 6-8 cycle anthracycline or anthracycline plus taxane regimen

\*For other indications, an "Undesignated Indications Request" form must be approved prior to use.

DOCTOR'S ORDERS Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m²

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 96 hours ANC greater than or equal to 1.5 x 10^9/L, Platelets greater than 90 x 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 PO bid for 3 days starting one day prior to docetaxel. Patient must receive 3 doses prior to treatment.
Optional: Frozen gloves starting 15 minutes before docetaxel infusion until 15 minutes after end of docetaxel infusion; gloves should be changed after 45 minutes of wearing.
Other:

\*\* Have Hypersensitivity Reaction Tray and Protocol Available\*\*

CHEMOTHERAPY: Administer cyclophosphamide first to reduce hypersensitivity response to docetaxel
Cyclophosphamide 600 mg/m² x BSA = \_\_\_\_\_ mg
Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m² x BSA = \_\_\_\_\_ mg
IV in 100 to 250 mL NS over 20 minutes to 1 hour
DOCeTaxel 75 mg/m² x BSA = \_\_\_\_\_ mg
Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m² x BSA = \_\_\_\_\_ mg
IV in 250 to 500 mL (non-PVC bag) NS over 1 hour (use non-PVC tubing)

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 and prior to 1st Cycle (Creatinine, Bilirubin, Alk Phos, AST, ALT)
Bilirubin Creatinine Tot. Prot Albumin GGT
AST LDH ALT Alk Phos BUN
Other tests:
Consults:
See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
UC: \_\_\_\_\_