BC Cancer Agency
CARE & RESEARCH

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: BRAJFECD

Class II Drug:
For other indications, an *"Undesignated Indications Request"* form must be approved prior to use.

DOCTOR'S ORDERS Ht___________cm Wt___________kg BSA___________m^2

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 or equal to 100 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 or **12 mg** (circle one) PO prior to treatment
☐ **Hydrocortisone 100 mg** IV PRN
For docetaxel cycles: 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:
Epirubicin 100 mg/m^2 x BSA =__________mg
☐ Dose Modification: ________% = ________ mg/m^2 x BSA = __________ mg
IV push
Fluorouracil 500 mg/m^2 x BSA x =__________mg
☐ Dose Modification: ________% = ________ mg/m^2 x BSA = __________ mg
IV push
Cyclophosphamide 500 mg/m^2 x BSA = ________mg
☐ Dose Modification: ________% = ________ mg/m^2 x BSA = __________ mg
IV in 100 to 250 mL NS over 20 minutes to 1 hour
OR
Docetaxel 100 mg/m^2 x BSA = _________mg
☐ Dose Modification: ________% = ________ mg/m^2 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
Prior to **Cycle 4**: **Bilirubin and AST or ALT**
If clinically indicated: ☐ **Bilirubin** ☐ **Creatinine** ☐ **Tot. Prot** ☐ **Albumin**
☐ **GGT** ☐ **AST** ☐ **LDH** ☐ **ALT** ☐ **Alk Phos** ☐ **BUN** ☐ **Muga Scan**
☐ **Echocardiogram**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:
UC: