



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: BRAVGEMT

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: _____				
<input type="checkbox"/> Delay Treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment May proceed with doses as written Day 1 if within 24 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than 100 x 10⁹/L May proceed with doses as written Day 8 if within 24 hours ANC greater than or equal to 1.2 x 10⁹/L, Platelets greater than 75 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS:				
45 minutes prior to Paclitaxel:				
Dexamethasone 20 mg IV in 50 mL NS over 15 minutes.				
30 minutes prior to Paclitaxel:				
Diphenhydramine 50 mg IV and Ranitidine 50 mg IV in 50 mL NS over 20 minutes. (compatible up to 3 hours when mixed in a bag)				
<input type="checkbox"/> Other: _____				
Have Hypersensitivity Reaction Tray and Protocol Available				
CHEMOTHERAPY:				
Paclitaxel 175 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL NS (use non-PVC bag) over 3 hours Day 1 only . (Use non-PVC tubing with an in-line filter.)				
Gemcitabine 1250 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes Day 1 and 8				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo room Day 1 & 8 <input type="checkbox"/> Last Cycle. Return in _____ weeks.				
CBC & Diff, Platelets prior to each treatment If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> AST <input type="checkbox"/> Creatinine <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	