



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: BRAJDTFEC Page 1 of 2

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 if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> 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 FEC treatment Dexamethasone 8 mg or 12 mg (circle one) PO prior to FEC treatment <input type="checkbox"/> 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. <input type="checkbox"/> Other: _____					
Have Hypersensitivity Reaction Tray and Protocol Available					
CHEMOTHERAPY: Cycles 1-3: Trastuzumab 4 mg/kg x _____ kg = _____ mg IV, week 1 only , in 250 mL NS over 1 hour. Observe for 30 minutes post infusion*, then start DOCEtaxel. Trastuzumab 2 mg/kg x _____ kg = _____ mg IV, weekly x _____ (week 2 to 9), in 250 mL NS over 30 minutes. Observe for 30 minutes post infusion*, then start DOCEtaxel. *Observation period not required after 3 treatments with no reaction. Suggest avoid holding trastuzumab even if DOCEtaxel temporarily held for toxicity, unless patient unable to attend chemo room. DOCEtaxel 80 mg/m² or 100 mg/m² (circle one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 500 mL (non-PVC bag) NS over 1 hour (use non-PVC tubing). DOCEtaxel to be given every 21 days for a total of 3 cycles. If selecting 100 mg/m ² , filgrastim is recommended; refer to protocol. THEN Cycles 4-6: Epirubicin 60 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push Fluorouracil 600 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push Cyclophosphamide 600 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour					
Acetaminophen 325 mg to 650 mg po PRN for headache and rigors.					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:



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DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
DATE:	To be given:	Cycle #:
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Cycle 1-3 book Chemo room weekly (Day 1, 8, 15). Cycle 4-6 book Chemo room Day 1 only. <input type="checkbox"/> Last Cycle: Return in _____ week(s).		
CBC and Diff, Platelets prior to each cycle. For baseline labs, please follow protocol BRAJDTFEC. MUGA scan or echocardiogram prior to Cycle 1 and Cycle 4. Prior to Cycle 4: Bilirubin and AST or ALT If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> Creatinine <input type="checkbox"/> Tot. Prot <input type="checkbox"/> Albumin <input type="checkbox"/> GGT <input type="checkbox"/> AST <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> Alk Phos <input type="checkbox"/> BUN <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Muga Scan <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general order sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: