**Protocol Code:** BRAJACTG

### Doctor's Orders

<table>
<thead>
<tr>
<th>Ht (cm)</th>
<th>Wt (kg)</th>
<th>BSA (m²)</th>
</tr>
</thead>
</table>

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**Date of Previous Cycle:**

- [ ] Delay treatment _________ week(s)
- [ ] CBC & Diff, platelets day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 1 x 10⁹/L**, **Platelets greater than or equal to 100 x 10⁹/L**

Dose modification for:  
- [ ] Hematology
- [ ] Other Toxicity

Proceed with treatment based on blood work from ___________________________.

**Premedications:**

- [ ] **Dexamethasone** 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to AC treatment
- [ ] **Ondansetron** 8 mg PO 30 to 60 minutes prior to AC treatment
- [ ] **Aprepitant** 125 mg PO 30 to 60 minutes prior to AC treatment on Day 1, then 80 mg PO daily on Day 2 and 3
- [ ] **Netupitant-Palonosetron** 300 mg-0.5 mg PO 30 to 60 minutes prior to AC treatment

As needed antiemetics:

- [ ] **Prochlorperazine** 10 mg PO prn
- [ ] **Metoclopramide** 10 mg PO prn

**45 Minutes Prior to PACLitaxel:** **Dexamethasone** 20 mg IV in NS 50 mL over 15 minutes

**30 Minutes Prior to PACLitaxel:** **Diphenhydramine** 50 mg IV and **Ranitidine** 50 mg IV in NS 50 mL over 20 minutes (compatible up to 3 hrs when mixed in bag)

**Other:**

**“Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 5 to 8”**

**Chemotherapy:**

- **DOXorubicin** 60 mg/m² x BSA = ___________ mg
  - Dose Modification: _______ % = _______ mg/m² x BSA = ___________ mg
  - IV push
- **Cyclophosphamide** 600 mg/m² x BSA = ___________ mg
  - Dose Modification: _______ % = _______ mg/m² x BSA = ___________ mg
  - IV in NS 100 to 250 mL over 20 minutes to 1 hour

**OR**

- **PACLitaxel** 175 mg/m² x BSA = ___________ mg
  - Dose Modification: _______ % = _______ mg/m² x BSA = ___________ mg
  - IV in NS 500 mL (non-DEHP bag) over 3 hours (Use non-DEHP tubing with 0.22 micron or smaller in-line filter)

**Return Appointment Orders**

- [ ] Return in two weeks for Doctor and Cycle _________
- [ ] Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day _________
- [ ] Last Cycle. Return in _________ week(s)

**CBC & Diff, Platelets** prior to each cycle

Prior to **Cycle 5:** **Bilirubin, ALT**

If clinically indicated:  
- [ ] Creatinine
- [ ] ALT
- [ ] Bilirubin
- [ ] Muga Scan
- [ ] Echocardiogram

**Other tests:**

**Consults:**

- [ ] See general orders sheet for additional requests.

**Doctor’s Signature:**

**Signature:**

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BC Cancer Provincial Preprinted Order BRAJACTG

Created: April 4th, 2005  Revised: 1 Jun 2020