**PROTOCOL CODE: BRAJACTG**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht_________ cm</th>
<th>Wt_________ kg</th>
<th>BSA_________ m²</th>
</tr>
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**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 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:**

Patient to take own supply. RN/Pharmacist to confirm ____________________________.

- ondansetron 8 mg PO prior to AC treatment
- dexamethasone 8 mg or 12 mg (circle one) PO prior to AC treatment
- aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3
- prochlorperazine 10 mg PO prn
- metoclopramide 10 mg PO prn

**OR**

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, AST**

If clinically indicated: ☐ Creatinine  ☐ AST  ☐ Bilirubin  ☐ Muga Scan  ☐ Echocardiogram

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Agency Provincial Preprinted Order BRAJACTG

Created: April 4th, 2005  Revised: 1 Aug 2016