**PROTOCOL CODE: BRAJACTW**

### DOCTOR’S ORDERS

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<th>Ht</th>
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<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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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 96h (for AC) or 24h (for paclitaxel) **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 90 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 ____________________________.

Select ONE of the following routine antiemetics regimens:

- □ ondansetron 8 mg PO 30 to 60 minutes prior to AC treatment
- □ dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to AC treatment
- □ netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to AC treatment
- □ dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to AC treatment

As needed antiemetics:

- □ prochlorperazine 10 mg PO prn
- □ metoclopramide 10 mg PO prn

**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 100 to 250 mL NS over 20 minutes to 1 hour

**OR**

**PACLitaxel 80 mg/m² OR _________ mg/m² (circle one) x BSA = __________ mg**

- □ Dose Modification: _________ % = __________ mg/m² x BSA = __________ mg

  IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour once weekly x 3 weeks (use non-DEHP tubing with 0.22 micron or smaller in-line filter)

**DOSE MODIFICATION IF REQUIRED ON SUBSEQUENT DAYS (Cycle 5-8):**

**PACLitaxel 80 mg/m² x BSA = __________ mg**

- □ Dose Modification: _________ % = __________ mg/m² x BSA = __________ mg

  IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour on days ____________ (use non-DEHP tubing with 0.22 micron or smaller in-line filter)

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Preprinted Order BRAJACTW

Created: 01 Mar 2011  
Revised: 1 Feb 2020
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**DATE:**

### RETURN APPOINTMENT ORDERS

- □ Return in **three** weeks for Doctor and Cycle ____________ (Book chemo room weekly x 3 for cycles 5-8)
- □ Last Cycle. Return in ____________ week(s) after last treatment.

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

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

If clinically indicated: □ Creatinine □ ALT □ Bilirubin □ Muga □ Echocardiogram

- □ Other tests:
- □ Consults:
- □ See general orders sheet for additional requests.

### DOCTOR’S SIGNATURE:

**SIGNATURE:**

**UC:**