**DOCTOR’S ORDERS**

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<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA 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 for AC portion if labs done within 96 h: ANC greater than or equal to 1.5 x $10^9/L$, Platelets greater than or equal to 90 x $10^9/L$.

May proceed with doses as written for weekly paclitaxel portion if labs done within 24 h: ANC greater than or equal to 1.0 x $10^9/L$, Platelets greater than or equal to 90 x $10^9/L$.

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

Proceed with treatment based on blood work from ___________________________.

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm ___________________________.

- dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to AC treatment
- select ONE of the following:
  - □ 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
  - □ ondansetron 8 mg 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

As needed antiemetics:

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

OR

45 Minutes Prior to PACLitaxel: dexamethasone 10 mg IV in 50 mL NS over 15 minutes

30 Minutes Prior to PACLitaxel: diphenhydramine 25 mg IV and ranitidine 50 mg IV in 50 mL NS over 20 minutes (compatible up to 3 hrs when mixed in bag)
- [ ] No pre-medication required (see protocol for guidelines)

**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:**
## DOCTOR’S ORDERS

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### 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: |