

**PROTOCOL CODE: BRAJACT**

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 90 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.				
<b>dexamethasone 8 mg or 12 mg</b> (select one) PO 30 to 60 minutes prior to AC treatment and <b>select ONE</b> of the following:				
<input type="checkbox"/>	<b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to AC treatment			
<input type="checkbox"/>	<b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to AC treatment <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to AC treatment			
<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg</b> PO 30 to 60 minutes prior to AC treatment			
<b>OR</b>				
45 Minutes Prior to PACLitaxel: <b>dexamethasone 20 mg</b> IV in NS 50 mL over 15 minutes 30 Minutes Prior to PACLitaxel: <b>diphenhydramine 50 mg</b> IV in NS 50 mL over 15 minutes and <b>famotidine 20 mg</b> IV in NS 100 mL over 15 minutes (Y-site compatible) <input type="checkbox"/> <b>Other:</b>				
<b>**Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 5 to 8**</b>				
<b>CHEMOTHERAPY:</b>				
<b>DOXOrubicin 60 mg/m<sup>2</sup></b> x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push				
<b>cyclophosphamide 600 mg/m<sup>2</sup></b> x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in NS 100 to 250 mL over 20 minutes to 1 hour				
<b>OR</b>				
<b>PACLitaxel 175 mg/m<sup>2</sup> OR 150 mg/m<sup>2</sup></b> (select one) x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in NS <b>250 to 500 mL</b> (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter.)				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s)				
<b>CBC &amp; Diff, Platelets</b> prior to each cycle <input type="checkbox"/> <b>Bilirubin, ALT</b> , prior to next treatment. If clinically indicated: <input type="checkbox"/> <b>Creatinine</b> <input type="checkbox"/> <b>ALT</b> <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>Muga Scan</b> <input type="checkbox"/> <b>Echocardiogram</b> <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>