**DOCTOR’S ORDERS**

| Ht | cm | Wt | kg | BSA | m² |

**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 on day of treatment

May proceed with doses as written if within 96 hours **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 ____________________________.

- [ ] 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
  - [ ] 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
- [ ] Other

**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

**RETURN APPOINTMENT ORDERS**

- [ ] Return in three weeks for Doctor and Cycle ____________
- [ ] Last Cycle. Return in ____________ week(s)

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

If clinically indicated:

- [ ] Creatinine
- [ ] Bilirubin

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

**DOCTOR’S SIGNATURE:** ____________________________ **SIGNATURE:** ____________________________

**UC:**

BC Cancer Provincial Preprinted Order BRAJAC

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