Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

**PROTOCOL CODE: BRAJFECDT**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht_________ cm Wt_________ kg BSA_________ m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

Date of Previous Cycle:

- Delay Treatment ___________ week(s)
- CBC & Diff, platelets 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 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 ___________________________.

- ondansetron 8 mg PO prior to FEC treatment
- dexamethasone 8 mg or 12 mg (circle one) PO prior to FEC 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
- hydrocortisone 100 mg IV PRN

**For DOCEtaxel Cycles:** dexamethasone 8 mg PO bid for 3 days starting one day prior to DOCEtaxel; patient must receive 3 doses prior to treatment

Optional: Frozen gloves starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing.

**CHEMOTHERAPY:** (Note – continued over 2 pages)

- **CYCLE 1-3**
  - epirubicin 100 mg/m² x BSA = __________mg
    - Dose Modification: ________% = ________ mg/m² x BSA = __________ mg
    - IV push
  - fluorouracil 500 mg/m² x BSA = __________mg
    - Dose Modification: ________% = ________ mg/m² x BSA = __________ mg
    - IV push
  - cyclophosphamide 500 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

- **CYCLE # 4** (Cycle 1 of trastuzumab (HERCEPTIN) and DOCEtaxel)
  - trastuzumab (HERCEPTIN) 8 mg/kg x ________ kg = __________mg IV in 250 mL NS over 1 hour 30 minutes. Observe for 1 hour post infusion.
  - DOCEtaxel 100 mg/m² x BSA = __________mg
    - Dose Modification: ________% = ________ mg/m² x BSA = __________ mg
    - IV in 250 to 500 mL NS (non-DEHP bag) over 1 hour. (Use non-DEHP tubing)

**SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 5 TO 6***

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
PROTOCOL CODE: BRAJFECDT

DOCTOR'S ORDERS (Page 2 of 2)

DATE: ___________________________ To be given: ___________________________ Cycle #: ___________________________

CHEMOTHERAPY: (Continued)

*** SEE PAGE 1 FOR CHEMOTHERAPY CYCLES 1 TO 4 ***

☐ CYCLE # 5

trastuzumab (HERCEPTIN) 6 mg/kg x _______ kg = _________mg IV in 250 mL NS over 1 hour. Observe for 30 minutes post infusion.

DOCEtaxel 100 mg/m² x BSA =_______mg

☐ Dose Modification: ________% = ________ mg/m² x BSA = __________ mg

IV in 250 to 500 mL NS (non-DEHP bag) over 1 hour (Use non-DEHP tubing)

☐ Cycle # 6:

trastuzumab (HERCEPTIN) 6 mg/kg x _______ kg = _________mg IV in 250 mL NS over NS over 30 minutes. Observe for 30 minutes post infusion.

DOCEtaxel 100 mg/m² x BSA =_________mg

☐ Dose Modification: ________% = ________ mg/m² x BSA = __________ mg

IV in 250 to 500 mL NS (non-DEHP bag) over 1 hour (Use non-DEHP tubing)

acetaminophen 325 mg to 650 mg PO PRN for headache and rigors

RETURN APPOINTMENT ORDERS

☐ Return in three weeks for Doctor and Cycle __________

☐ Last Cycle. Return in three weeks for Doctor and BRAJTR (to continue single agent trastuzumab)

CBC & Diff, Platelets prior to each cycle

Prior to Cycle 4: Bilirubin, AST, ALT, Alk Phos

If clinically indicated:

☐ Tot. Prot ☐ Albumin ☐ Bilirubin ☐ GGT ☐ Alk Phos

☐ AST ☐ LDH ☐ ALT ☐ Creatinine

☐ Other tests:

☐ MUGA scan or Echo: prior to Cycle 1 and 4 and then every ☐ 3 months or ☐ 4 months until completion of treatment

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: ___________________________

UC: ___________________________

BC Cancer Agency Provincial Preprinted Order BRAJFECDT
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