**PROTOCOL CODE: BRAJFEC**

<table>
<thead>
<tr>
<th>DOCTOR'S ORDERS</th>
<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 if within 96 hours ANC greater than or equal to 1.5 x 10³/L, Platelets greater than or equal to 100 x 10⁹/L

**Dose modification for:**

- □ Hematology
- □ Other Toxicity

**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 treatment

**and select ONE of the following:**

- □ ondansetron 8 mg PO 30 to 60 minutes prior to treatment
- □ aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, then 80 mg PO daily on Day 2 and 3
- □ ondansetron 8 mg PO 30 to 60 minutes prior to treatment
- □ netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment

**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.

- □ Other:

**CHEMOTHERAPY:**

**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

**OR**

**DOCEtaxel 100 mg/m² x BSA = __________mg**

- □ Dose Modification: ________% = ________ mg/m² x BSA = ________ mg
  - IV in 250 to 500 mL (non-DEHP bag) NS over 1 hour (use non-DEHP tubing)

**RETURN APPOINTMENT ORDERS**

- □ Return in three weeks for Doctor and Cycle ________
- □ Last Cycle. Return in ______ week(s).

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

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

- □ Bilirubin
- □ Creatinine
- □ Tot. Prot
- □ Albumin
- □ GGT
- □ LDH
- □ ALT
- □ Alk Phos
- □ BUN
- □ Muga Scan

**Echocardiogram**

**Other tests:**

**Consults:**

- □ See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**