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

PROTOCOL CODE: BRAJFECD

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 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 100 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 ____________.

Select ONE of the following routine antiemetics regimens:

☐ ondansetron 8 mg PO 30 to 60 minutes prior to treatment
☐ dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment
☐ netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment
☐ dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment

☐ 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.

☐ Other:

** Have Hypersensitivity Reaction Tray and Protocol Available**

CHEMOTHERAPY:

epirubicin 100 mg/m² x BSA = ____________mg

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

IV push

fluorouracil 500 mg/m² x BSA x = ____________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, AST, ALT

If clinically indicated: ☐ Bilirubin ☐ Creatinine ☐ Tot. Prot ☐ Albumin

☐ GGT ☐ AST ☐ LDH ☐ ALT ☐ Alk Phos ☐ BUN ☐ Muga Scan

☐ Echocardiogram

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE:

SIGNATURE: ____________

UC: ____________

BC Cancer Provincial Preprinted Order BRAJFECD
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