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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: BRAJFEC**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht________ cm  Wt________ kg  BSA________m²</th>
</tr>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

<table>
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<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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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 ________________.

- [ ] dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment
- [ ] 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

As needed:
- [ ] prochlorperazine 10 mg PO prn
- [ ] metoclopramide 10 mg PO prn
- [ ] hydrocortisone 100 mg IV PRN
- [ ] Other:

**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

**RETURN APPOINTMENT ORDERS**

- [ ] Return in three weeks for Doctor and Cycle ________
- [ ] Last Cycle. Return in __________ weeks.
- [ ] CBC & Diff, platelets prior to each cycle.
- [ ] If clinically indicated:
  - [ ] Bilirubin
  - [ ] Creatinine
  - [ ] Muga Scan
  - [ ] Echocardiogram
- [ ] Other tests:
- [ ] Consults:

**DOCTOR’S SIGNATURE:**

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<th>SIGNATURES:</th>
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<td>UC:</td>
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