PROTOCOL CODE: BRAJFEC

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 ______________________

☐ ondansetron 8 mg PO prior to treatment
dexamethasone 8 mg or 12 mg (circle one) PO prior to 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 pm
☐ metoclopramide 10 mg PO pm
☐ 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:
☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE:  SIGNATURES:

UC:

BC Cancer Agency Provincial Preprinted Order  BRAJFEC
Created:  April 4th, 2005     Revised: 1 Feb 2014