**PROTOCOL CODE: BRAVA7**

**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<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 24 hours **ANC greater than or equal to** 1.5 x 10⁹/L, **Platelets greater than or equal to** 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 treatment
- Dexamethasone 8 mg or 12 mg (circle one) PO prior to treatment

- [ ] Other:

**CHEMOTHERAPY:**

- DOXOrubicin 15 or 20 mg/m² (circle one) x BSA x ( _________%) = _________mg IV push on Day 1, 8 and 15

**DOSE MODIFICATION (if required for Day 8 or 15)**

- DOXOrubicin 15 or 20 mg/m² (circle one) x BSA x ( _________%) = _________mg IV push on Day_________

**RETURN APPOINTMENT ORDERS**

- [ ] Return in three weeks for Doctor and Cycle ______. Book chemo for Day 1, 8, and 15
- [ ] Last Cycle. Return in _______ week(s).

**CBC & Diff, Platelets** prior to each treatment day

If clinically indicated:

- [ ] Tot. Prot
- [ ] Albumin
- [ ] Bilirubin
- [ ] GGT
- [ ] Alk Phos.
- [ ] AST
- [ ] LDH
- [ ] ALT
- [ ] BUN
- [ ] Creatinine
- [ ] MUGA
- [ ] Echocardiogram

- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:** SIGNATURE: UC: