### 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 #:**

### PREMEDICATIONS:

- **Ondansetron 8 mg** PO prior to AC treatment
- **Dexamethasone 8 mg** or **12 mg** (circle one) PO prior to AC 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 prn
- **Metoclopramide 10 mg** PO prn
- **Other**

### CHEMOTHERAPY:

- **Doxorubicin 60 mg/m²** x BSA = ____________ mg
  - Dose Modification: __________ % = __________ mg/m² x BSA = __________ mg
  - IV push

- **Cyclophosphamide 600 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** __________ week(s)

### CBC & Diff, Platelets prior to each cycle.
- **Creatinine**
- **Bilirubin**
- **Other tests**

### CONSULTS:

### See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**