**PROTOCOL CODE: BRAVAC**

### 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 on 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 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 ____________________________.

- [ ] dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to AC treatment
- [ ] and select ONE of the following:
  - [ ] ondansetron 8 mg PO 30 to 60 minutes prior to AC treatment
  - [ ] aprepitant 125 mg PO 30 to 60 minutes prior to AC treatment on Day 1, then **80 mg** PO daily on Day 2 and 3
  - [ ] ondansetron 8 mg PO 30 to 60 minutes prior to AC treatment
  - [ ] netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to AC treatment

As needed antiemetics:

- [ ] prochlorperazine 10 mg PO prn
- [ ] metoclopramide 10 mg PO prn
- [ ] Other

**CHEMOTHERAPY:**

- DOXO:rubicin 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.

If clinically indicated:  

- [ ] Creatinine  
- [ ] Bilirubin

- [ ] Other tests:

- [ ] Consults:

- [ ] See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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BC Cancer Provincial Preprinted Order **BRAVAC**  
Created: April 4th, 2005   Revised: 1 Jun 2020