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 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______________________________.

Select ONE of the following routine antiemetics regimens:

☐ ondansetron 8 mg PO 30 to 60 minutes prior to AC treatment
dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to AC treatment

☐ netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment
dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to AC treatment

As needed antiemetics:

☐ prochlorperazine 10 mg PO prn

☐ metoclopramide 10 mg PO prn

☐ Other

CHEMOTHERAPY:

DOXOribucin 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:

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