PROTOCOL CODE: BRAVDOC7

**Have Hypersensitivity Reaction Tray and Protocol Available**

**Return Appointment Orders**

- Return in ____ weeks for Doctor and Cycle ____. Book chemo weekly x 6 weeks.
- Last Cycle. Return in _____ weeks.

CBC & Diff, Platelets prior to each treatment.

Prior to Cycle 3: Bilirubin, AST, ALT, GGT, Alk Phos

If Clinically Indicated:
- Tot. Prot
- Albumin
- Bilirubin
- GGT
- Alk Phos.
- AST
- LDH
- ALT
- BUN
- Creatinine

Consults:

See general orders sheet for further orders

**Chemotherapy:**

DOCETaxel (weekly) 36 mg/m² x BSA =__________mg

- Dose Modification: : _______% =__________ mg/m² x BSA = ________ mg

IV in 100 to 250 mL (non-DEHP bag) NS over 30 min to 1 hour. (Use non-DEHP tubing)

- Repeat dose as written x ___________ weeks.