**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 Day 1 if within 96 hours **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L**

May proceed with doses as written Day 8 if within 48 hours **ANC greater than or equal to 1.2 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L**

Dose modification for:

- Hematology
- Other Toxicity______________________________

Proceed with treatment based on bloodwork from ________________________

**PREMEDICATIONS:**

- Patient to take own supply. RN/Pharmacist to confirm ________________

**dexamethasone 8 mg** PO BID for 3 days, starting one day prior to DOCEtaxel treatment; patient must receive 3 doses prior to treatment

Optional: **Frozen gloves** starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing.

- Other:

  **Have Hypersensitivity Reaction Tray and Protocol Available**

**CHEMOTHERAPY:**

**DOCEtaxel 75 mg/m² x BSA = _____ mg**

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

  IV in 100 to 500 mL NS (use non-DEHP bag) over 1 hour **Day 1 only**. (Use non DEHP tubing)

**gemcitabine 1000 mg/m² x BSA = ________ mg**

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

  IV in 250 mL NS over 30 minutes **Day 1 and 8**

**DOSE MODIFICATION IF REQUIRED ON DAY 8:**

**gemcitabine 1000 mg/m² x BSA = ________ mg**

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

  IV in 250 mL NS over 30 minutes on **Day 8**

**RETURN APPOINTMENT ORDERS**

- Return in **three** weeks for Doctor and Cycle _____. Book Chemo room Day 1 & 8.
- Last Cycle. Return in ________ weeks.

- CBC & Diff, Platelets prior to each cycle (Day 1 and 8)
- Prior to **Cycle 4**: Bilirubin, ALT, GGT, Alk Phos
- If clinically indicated: Tot. Prot, Albumin, Bilirubin, GGT, ALT, Alk Phos.
- Other tests: LDH, BUN, Creatinine
- Consults:
- See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**