**Protocol Code: BRAVGEMT**

<table>
<thead>
<tr>
<th>Doctor's Orders</th>
<th>Ht________cm  Wt________kg  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 24 hours ANC **greater than or equal to** 1.5 x 10⁹/L, Platelets **greater than** 100 x 10⁹/L
- May proceed with doses as written **Day 8** if within 24 hours ANC **greater than or equal to** 1.2 x 10⁹/L, Platelets **greater than** 75 x 10⁹/L

Dose modification for: ☐ Hematology ☐ Other Toxicity

Proceed with treatment based on blood work from ____________________________________________________________________________________________

**Premedications:**

- **45 minutes prior to PACLitaxel:**
  - dexamethasone 20 mg IV in 50 mL NS over 15 minutes.
- **30 minutes prior to PACLitaxel:**
  - diphenhydramine 50 mg IV and ranitidine 50 mg IV in 50 mL NS over 20 minutes.
  - (compatible up to 3 hours when mixed in a bag)
  
  ☐ Other:

  ****Have Hypersensitivity Reaction Tray and Protocol Available**

**Chemotherapy:**

- **PACLitaxel** 175 mg/m² x BSA = __________mg
  - Dose Modification: __________% = __________ mg/m² x BSA = __________mg
  - IV in 250 to 500 mL NS (use non-DEHP bag) over 3 hours **Day 1 only**. (Use non-DEHP tubing with 0.22 micron or smaller in-line filter)

- **Gemcitabine** 1250 mg/m² x BSA = __________mg
  - Dose Modification: __________% = __________ mg/m² x BSA = __________mg
  - IV in 250 mL NS over 30 minutes **Day 1 and 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 treatment

If clinically indicated: ☐ Bilirubin ☐ AST ☐ Creatinine

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

**Doctor's Signature:**

**Signature:**

**UC:**