**PROTOCOL CODE: BRAVTAX**

<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 if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than 90 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 (use non-DEHP bag) NS over 3 hours. (Use non DEHP tubing with 0.22 micron or smaller in-line filter)

RETURN APPOINTMENT ORDERS

☐ Return in three weeks for Doctor and Cycle __________

☐ Last Cycle. Return in __________ weeks.

CBC & Diff, Platelets prior to each cycle
If clinically indicated: 
☐ Bilirubin
☐ AST

☐ Other tests:
☐ Consults:
☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE: 
SIGNATURE: 
UC: 

BC Cancer Agency Provincial Preprinted Order BRAVTAX
Created: April 4th, 2005   Revised: 1 Aug 2016