Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: BRLACTWAC

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 day of treatment

May proceed with doses as written if within 48 h (for PACLitaxel and CARBOplatin) or 96 h (DOXOrubicin and cyclophosphamide) 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 ________________.

45 Minutes Prior to PACLitaxel: dexamethasone 10 mg IV in NS 50 mL over 15 minutes

30 Minutes Prior to PACLitaxel: diphenhydrAMINE 25 mg IV and ranitidine 50 mg IV in NS 50 mL over 20 minutes (compatible up to 3 hrs when mixed in bag)

ondansetron 8 mg PO 30 minutes prior to CARBOplatin

☐ No pre-medication required (see protocol for guidelines)

☐ Other:

OR

dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to AC treatment and select ONE of the following:

☐ ondansetron 8 mg PO 30 to 60 minutes prior to AC treatment

☐ aprepitant 125 mg PO 30 to 60 minutes prior to AC treatment on Day 1, then 80 mg PO daily on Day 2 and 3

☐ ondansetron 8 mg PO 30 to 60 minutes prior to AC treatment

☐ netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to AC treatment

As needed antiemetics:

☐ prochlorperazine 10 mg PO prn

☐ metoclopramide 10 mg PO prn

**Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 1 to 4**

CHEMOTHERAPY: (Note – continued over 2 pages)

☐ CYCLE # _________ (Cycle 1-4)

PACLitaxel 80 mg/m² OR ________ mg/m² (circle one) x BSA = ________ mg

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

IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour once weekly x 3 weeks (use non-DEHP tubing with 0.22 micron or smaller in-line filter)

CARBOplatin AUC 6 or 5 or 4 (circle one) x (GFR + 25) = ________ mg

☐ Dose Modification: ________ % = ________ mg

IV in 250 mL NS over 30 minutes on Day 1

*** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 5 TO 8 ***

DOCTOR’S SIGNATURE: ____________  SIGNATURE: ____________

UC: ____________

BC Cancer Provincial Preprinted Order BRLACTWAC
Created: 1 May 2020  Revised: 1 Sep 2020
# DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>CHEMOTHERAPY continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ CYCLE #_________ (Cycle 5-8)</td>
</tr>
<tr>
<td>DOXOrubicin 60 mg/m² x BSA = __________mg</td>
</tr>
<tr>
<td>□ Dose Modification: ______% = _______ mg/m² x BSA = _________ mg</td>
</tr>
<tr>
<td>IV push</td>
</tr>
<tr>
<td>cyclophosphamide 600 mg/m² x BSA = _________mg</td>
</tr>
<tr>
<td>□ Dose Modification: ______% = _______ mg/m² x BSA = _________ mg</td>
</tr>
<tr>
<td>IV in 100 to 250 mL NS over 20 minutes to 1 hour</td>
</tr>
</tbody>
</table>

## RETURN APPOINTMENT ORDERS

| □ Return in two or three weeks for Doctor and Cycle __________ (Book chemo room weekly x 3 for cycles 1-4; book chemo room every □ two or □ three weeks (circle one) for AC cycles 5-8, cycle 5 to start week 13) |
| □ Post Cycle 5 (if requested): Book filgrastim (G-CSF) SC teaching and first dose on Day ________ |
| □ Last Cycle. Return in ________________ week(s) after last treatment. |
| CBC & Diff, Platelets prior to each treatment. Creatinine prior to day 1 of cycle 1-4 only. Bilirubin and ALT prior to day 1 cycle 1. |
| If clinically indicated: □ ALT □ Bilirubin □ MUGA □ Echocardiogram |
| □ Other tests: |
| □ Consults: |
| □ See general orders sheet for additional requests. |

## SIGNATURE:

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**