



Provincial Health Services Authority

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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: BRLAPNACG

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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:

Number of PACLitaxel doses completed to date: _____

- Delay treatment _____ week(s)
- CBC & Diff, platelets day of treatment

May proceed with doses as written for PACLitaxel NAB portion if labs done within 72 h: **ANC greater than or equal to $1.5 \times 10^9/L$, Platelets greater than or equal to $100 \times 10^9/L$, Bilirubin less than or equal to $1.5 \times ULN$, AST or ALT less than or equal to $10 \times ULN$**

May proceed with doses as written for AC portion if labs done within 72 h: **ANC greater than or equal to $1.0 \times 10^9/L$, Platelets greater than or equal to $100 \times 10^9/L$**

Dose modification for: Hematology Other Toxicity _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

For cycles with DOXOrubicin and cyclophosphamide:

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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | ondansetron 8 mg PO 30 to 60 minutes prior to AC treatment |
| <input type="checkbox"/> | aprepitant 125 mg PO 30 to 60 minutes prior to AC treatment
ondansetron 8 mg PO 30 to 60 minutes prior to AC treatment |
| <input type="checkbox"/> | netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to AC treatment |

Other:

CHEMOTHERAPY: (Note – continued over 2 pages)

CYCLE # _____

PACLitaxel NAB (ABRAXANE) 260 mg/m² x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter)

***** SEE PAGE 2 FOR AC CHEMOTHERAPY CYCLES *****

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

PROTOCOL CODE: BRLAPNACG

DOCTOR'S ORDERS		
DATE:	To be given:	Cycle #:
CHEMOTHERAPY: (Continued)		
<u>OR</u>		
<input type="checkbox"/> CYCLE # _____		
DOXOrubicin 60 mg/m² x BSA = _____ mg		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg		
IV push		
cyclophosphamide 600 mg/m² x BSA = _____ mg		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg		
IV in NS 100 to 250 mL over 20 minutes to 1 hour		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. (For PACLitaxel NAB treatment and first cycle of AC)		
<input type="checkbox"/> Return in two weeks for Doctor and Cycle _____. (For AC treatment)		
<input type="checkbox"/> Book filgrastim (G-CSF) SC teaching and first dose on Cycle: ____ Day: ____		
<input type="checkbox"/> Last Cycle. Return in _____ week(s)		
Cycles 1 to 4: CBC & Diff, Platelets, bilirubin, ALT, creatinine prior to each treatment		
Cycles 5 to 8: CBC & Diff, Platelets prior to each treatment		
If clinically indicated: <input type="checkbox"/> GGT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> urea		
If clinically indicated, for cycles 5 to 8: <input type="checkbox"/> bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> creatinine		
<input type="checkbox"/> MUGA <input type="checkbox"/> Echocardiogram		
<input type="checkbox"/> Other tests:		
<input type="checkbox"/> Consults:		
<input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: