**PROTOCOL CODE: BRLATACG**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht____ cm</th>
<th>Wt____ kg</th>
<th>BSA____ m²</th>
</tr>
</thead>
</table>

**REMEMBER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**

**DATE:** To be given: Cycle #:

- [ ] Delay treatment __________ week(s)
- [ ] CBC & Diff, platelets day of treatment

May proceed with doses as written if within 24 hours ANC **greater than or equal to** 1 x 10⁹/L,
Platelets **greater than or equal to** 100 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 20 mg IV in NS 50 mL over 15 minutes
- **30 Minutes Prior to PACLitaxel:** diphenhydramINE 50 mg IV and ranitidine 50 mg IV in NS 50 mL over 20 minutes
  (compatible up to 3 hrs when mixed in bag)
- [ ] Other:

Select ONE of the following routine antiemetics regimens:

- [ ] ondansetron 8 mg PO 30 to 60 minutes prior to AC treatment
- [ ] dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to AC treatment
- [ ] netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment
- [ ] dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to AC treatment

As needed antiemetics:
- [ ] prochlorperazine 10 mg PO prn
- [ ] metoclopramide 10 mg PO prn

**CHEMOTHERAPY:**

- **PACLitaxel** 175 mg/m² x BSA = ___________ mg
  - [ ] Dose Modification: _____% = ________ mg/m² x BSA = ___________ mg
  - IV in NS 500 mL (non-DEHP bag) over 3 hours (Use non-DEHP tubing with 0.22 micron or smaller in-line filter)
  - **OR**
  - **DOXOrubicin** 60 mg/m² x BSA = ___________ mg
  - [ ] Dose Modification: _____% = ________ mg/m² x BSA = ___________ mg
  - IV push

- **cyclophosphamide** 600 mg/m² x BSA = ___________ mg
  - [ ] Dose Modification: _____% = ________ mg/m² x BSA = ___________ mg
  - IV in NS 100 to 250 mL over 20 minutes to 1 hour

**RETURN APPOINTMENT ORDERS**

- [ ] Return in **two** weeks for Doctor and Cycle __________
- [ ] Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day ________
- [ ] Last Cycle. Return in __________ week(s)

CBC & Diff, Platelets prior to each cycle

If clinically indicated:  [ ] Creatinine  [ ] ALT  [ ] Bilirubin  [ ] Muga Scan  [ ] Echocardiogram

- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Provincial Preprinted Order BRLATACG
Created: 01 Nov 2014 Revised: 1 Mar 2020