**PROTOCOL CODE: BRLATACG**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
</table>

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

**DATE:**

<table>
<thead>
<tr>
<th>To be given:</th>
<th>Cycle #:</th>
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**Date of Previous 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

**Precede 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

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

### 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)
- **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 □ AST □ Bilirubin □ Muga Scan □ Echocardiogram

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

### DOCTOR’S SIGNATURE:  

**SIGNATURE:**  

**UC:**