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: BRLATWAC

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 for weekly paclitaxel portion if labs done within 24 h: ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 90 x 10⁹/L
May proceed with doses as written for AC portion if labs done within 96 h: 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 50 mL NS over 15 minutes

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

☐ 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

☐ 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)

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

DOCTOR’S SIGNATURE: SIGNATURE:

BC Cancer Provincial Preprinted Order BRLATWAC
Created: 01 Nov 2014 Revised: 1 Sep 2020 (ANC cut-off updated)
**DOCTOR’S ORDERS**

**DATE:**

**To be given:**

**Cycle #:**

**CHEMOTHERAPY continued**

- **□ CYCLE #_________ (Cycle 5-8)**

- **DOXOrubicin 60 mg/m\(^2\) x BSA = _________mg**
  - **□ Dose Modification: ________% = ________ mg/m\(^2\) x BSA = _________ mg**
  - IV push

- **cyclophosphamide 600 mg/m\(^2\) x BSA = _________mg**
  - **□ Dose Modification: ________% = ________ mg/m\(^2\) x BSA = _________ mg**
  - IV in 100 to 250 mL NS over 20 minutes to 1 hour

**RETURN APPOINTMENT ORDERS**

- **□ Return in three weeks for Doctor and Cycle __________ (Book chemo room weekly x 3 for cycles 1-4, book chemo room every 3 weeks for AC cycles 5-8, cycle 5 to start week 13)**

- **□ Last Cycle. Return in ______________week(s) after last treatment.**

**CBC & Diff, Platelets prior to each treatment**

- If clinically indicated: **□ Creatinine □ ALT □ Bilirubin □ Muga □ Echocardiogram**

- **□ Other tests:**

- **□ Consults:**

- **□ See general orders sheet for additional requests.**

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**