PROTOCOL CODE: UBRAJDAC
A BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.

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 24 hours ANC greater than or equal to 1.5x 10⁹/L, Platelets greater than or equal to 90 x 10⁹/L

Dose modification for:  ☐ Hematology  ☐ Other Toxicity ______________

Proced with treatment based on blood work from ______________

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm __________________________.
☐ ondansetron 8 mg PO prior to treatment
☐ aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3
☐ prochlorperazine 10 mg PO prn
☐ metoclopramide 10 mg PO prn
dexamethasone 8 mg PO bid for 3 days starting one day prior to DOCEtaxel; patient must receive 3 doses prior to treatment

Optional: Frozen gloves starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing.
☐ Other:  Patient to receive a prescription for filgrastim for days 3-10 of treatment.

*** Have Hypersensitivity Reaction Tray and Protocol Available***

CHEMOTHERAPY:

DOXOrubicin 50 mg/m² x BSA = ___________ mg

☐ Dose Modification: _______% = _______ mg/m² x BSA = ___________ mg

IV push
cyclophosphamide 500 mg/m² x BSA = ___________ mg

☐ Dose Modification: _______% = _______ mg/m² x BSA = ___________ mg

IV in 100 to 250 mL NS over 20 minutes to 1 hour

DOCEtaxel 75 mg/m² x BSA = ___________ mg

☐ Dose Modification: _______% = _______ mg/m² x BSA = ___________ mg

IV in 250 mL NS (non-DEHP bag) over 1 hour (use non-DEHP tubing)

RETURN APPOINTMENT ORDERS

☐ Return in three 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).

At baseline: CBC & Diff, Platelets, Creatinine, Bilirubin, LFT’s

Prior to each cycle CBC & Diff, Platelets

If clinically indicated:  ☐ Tot. Prot  ☐ Albumin  ☐ Bilirubin  ☐ GGT  ☐ Alk Phos  ☐ AST  ☐ LDH  ☐ ALT  ☐ BUN  ☐ Creatinine

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

DOCTOR’S SIGNATURE:  

SIGNATURE:  

UC: