Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: UBRLACEF

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

**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
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**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 96 hours **ANC greater than or equal to** 1.5 \( \times \) 10⁹/L, **Platelets greater than or equal to** 100 \( \times \) 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 ____________________________.

- **ondansetron 8 mg** PO prior to treatment

- **dexamethasone 8 mg** or **12 mg** (circle one) 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

- □ Other:

**CHEMOTHERAPY:**

- **DAY 1 and 8:**
  - **epirubicin 60 mg/m²/day** x BSA (___%) = ______ mg IV push on Day 1 and 8
  - **fluorouracil 500 mg/m²/day** x BSA (___%) = ______ mg IV push on Day 1 and 8
  - **cyclophosphamide 75 mg/m²/day** x BSA (___%) = ______ mg PO daily on Days 1-14 (round to nearest 25 mg)

**DOSE MODIFICATION REQUIRED ON DAY 8:**

- **epirubicin 60 mg/m²/day** x BSA (___%) = ______ mg IV push

- **fluorouracil 500 mg/m²/day** x BSA (___%) = ______ mg IV push

- **cyclophosphamide 75 mg/m²/day** x BSA (___%) = ______ mg PO daily on Days 8 -14 (round to nearest 25 mg)

**RETURN APPOINTMENT ORDERS**

- □ Return in **four** weeks for Doctor and Cycle _______. Book Chemo room Day 1 and 8.

- □ Last Cycle. Return in _________ weeks.

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

If clinically indicated:  

- □ Bilirubin
- □ Creatinine
- □ Muga Scan
- □ Echocardiogram

- □ Other tests:

- □ Consults:

- □ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

| SIGNATURE: |

**UC:**