



Provincial Health Services Authority

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: GIAVDOC

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DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay Treatment _____ week(s)				
<input type="checkbox"/> CBC & Diff day of treatment				
May proceed with doses as written if within 96 hours ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$, ALT less than or equal to $1.5 \times ULN$, and if ordered, alkaline phosphatase less than $2.5 \times ULN$				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____				
dexamethasone 8 mg PO BID for 3 days, starting one day prior to treatment; 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.				
Have Hypersensitivity Reaction Tray and Protocol Available				
TREATMENT:				
DOCEtaxel $75 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg				
IV in 250 to 500 mL (non-DEHP bag) NS over 1 hour (Use non-DEHP tubing)				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. RTC in _____ weeks.				
CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle				
If clinically indicated:				
<input type="checkbox"/> CEA <input type="checkbox"/> CA 19-9 <input type="checkbox"/> ECG				
<input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> sodium <input type="checkbox"/> potassium				
<input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for further orders				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: