### 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 day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to** 1.5 \times 10^9/L, **Platelets greater than or equal to** 100 \times 10^9/L, and **Creatinine Clearance greater than or equal to** 50 mL/min

See Protocol for dose modifications if ANC and Platelets fall below these parameters.

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 chemotherapy
- dexamethasone 8 mg or 12 mg PO (circle one) prior to chemotherapy
- aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3
- Other:

#### CHEMOTHERAPY:

- epirubicin 50 mg/m² x BSA = ________ mg
  - [ ] Dose Modification: ________% = ________ mg/m² x BSA = ________ mg
    - IV push Day 1
- oxaliplatin 130 mg/m² x BSA = ________ mg
  - [ ] Dose Modification: ________% = ________ mg/m² x BSA = ________ mg
    - IV in 250 to 500 mL D5W over 120 minutes Day 1
- capecitabine 625 mg/m² or ________ x BSA x (_______%) = ________ mg PO bid with food x 21 days
  - (Round to nearest 150 mg)

#### RETURN APPOINTMENT ORDERS

- [ ] Return in three weeks for Doctor and Cycle ________
- [ ] Last Cycle. Return in ______ week(s).

CBC & Diff, Platelets, Creatinine, Bilirubin, ALT, Alk Phos, Sodium, Potassium, Magnesium, Calcium prior to each cycle

- [ ] INR weekly  
- [ ] INR prior to each cycle
- [ ] ECG  
  - [ ] CEA  
  - [ ] CA 19-9

- [ ] Other tests:
- [ ] Weekly Nursing Assessment for (specify concern): ____________________________
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**