**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

Date of Previous Cycle:

- □ Delay treatment _____ week(s)
- □ CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to 1.5 x 10⁹/L and Platelets greater than or equal to 100 x 10⁹/L**

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 __________________________.

Select ONE of the following routine antiemetics regimens:

- □ Ondansetron 8 mg PO 30 to 60 minutes prior to treatment
- □ Dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment
- □ Netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment
- □ Dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment
- □ 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

- **Fluorouracil** 200 mg/m²/day x BSA = _________ mg/day for 21 days (total dose for each 7-day infusor = _______ mg)
  - □ Dose Modification: _______% = ________ mg/m²/day x BSA = _________ mg/day for 21 days
  - (total dose for each 7-day infusor = _______ mg)
  - IV over 168 h in D5W to a total volume of 252 mL by continuous infusion at 1.5 mL/h via Baxter LV1.5 infusor
  - Day 1, 8, and 15 (Total dose = 4200 mg/m³ over 504 hours)

**RETURN APPOINTMENT ORDERS**

- □ Return in **three** weeks for Doctor and Cycle ______. Book chemo weekly x 3 weeks.
- □ Last Cycle. Return in ______ week(s).

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

**CBC & Diff, Platelets weekly while on fluorouracil**

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

**Other tests:**

- □ Book for PICC assessment/insertion per Centre process
- □ Book for IVAD insertion per Centre process
- □ Weekly PICC dressing change
- □ Weekly Nursing Assessment for (specify concern): ________________
- □ Consults:
- □ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Provincial Preprinted Order GIGAVEOF
Created: 1 Jun 2017 Revised: 1 Feb 2020