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/Week #:

Date of Previous Cycle:

- Delay treatment ______ week(s)
- CBC & diff, platelets day of treatment
  - May proceed with doses day 1 as written, if within 48 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L
  - May proceed with doses day 8 and day 15 (if day 8 was given) as written, if within 48 hours ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L
  - Refer to protocol for day 15 bloodwork parameters if day 8 was omitted.

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 12 mg PO prior to treatment
□ Other: ** Have Hypersensitivity Tray and Protocol Available**

CHEMOTHERAPY:

PACLitaxel-Nab (ABRAXANE) 125 mg/m² or 100 mg/m² or 75 mg/m² (circle one) x BSA = _________mg
IV over 30 minutes weekly x 3 weeks on Days 1, 8 & 15 (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter)

gemcitabine 1000 mg/m² or 800 mg/m² or 600 mg/m² (circle one) x BSA = ___________ mg
IV in 250 mL NS over 30 minutes weekly x 3 weeks on Days 1, 8 & 15

DOSE MODIFICATION IF REQUIRED ON SUBSEQUENT DAYS:

PACLitaxel-Nab (ABRAXANE) 100 mg/m² or 75 mg/m² (circle one) x BSA = _________mg
IV over 30 minutes on Days ___________ (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter)

gemcitabine 800  mg/m² or 600 mg/m² (circle one) x BSA= _________ mg
IV in 250 mL NS over 30 minutes on Days ___________

□ Book chemo weekly x ___________ weeks
□ Return in four or _________ weeks for Doctor and Cycle ______.
□ Return for Physician only in __________ week(s).
□ Last Cycle. Return in __________ week(s)

CBC & Diff, Platelets, BILI, ALT, Alk Phos, creatinine prior to each cycle (day 1)
CBC & diff, platelets prior to days 8 and 15.
□ CEA □ CA 19-9

Imaging Study:
□ Other tests:
□ Consults:
□ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE: SIGNATURE:

UC:

BC Cancer Provincial Preprinted Order GIPGEMABR
Created: 1 Oct 2014 Revised: 1 Mar 2018