



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: GUPDOCADT

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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 #: _____ of 6

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 x 10⁹/L, Platelets greater than 90 x 10⁹/L** (for cycles 1 and 4, also if within 96 hours **Bilirubin less than or equal to ULN, Alk. Phos. less than 2.5 x ULN (unless bone metastases), and AST +/- ALT less than or equal to 1.5 x ULN**)

Dose modification for: Hematology 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 a minimum of 3 doses pretreatment

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.

Other:

TREATMENT:

DOCEtaxel 75 mg/m² x BSA = _____ mg

Dose Modification: _____% = _____ mg/m² x BSA = _____ mg
IV in 250 to 500 mL (non-DEHP bag) NS over one hour (use non-DEHP tubing)

Remember to commence standard **androgen deprivation therapy** (i.e. LHRH agonist, LHRH antagonist, anti-androgen)

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets and PSA prior to each cycle

Prior to Cycle 4 and as clinically indicated: **ALT, Alk Phos, Bili, LDH**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: