**For more than 6 cycles, a BC Cancer “Compassionate Access Program” request must be completed and approved**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
</tr>
</thead>
</table>

### REMINDER:
Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

### DATE:

<table>
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<tr>
<th>To be given:</th>
<th>Cycle #</th>
</tr>
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**Date of Previous Cycle:**
- Delay treatment ______ week(s)
- CBC & Diff, Platelets day of treatment

May proceed with Day 1 doses as written if within 72 hours ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L.

*If pre-Day 8 labwork has been ordered, may proceed with Day 8 doses as written if within 48 hours ANC greater than or equal to 0.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L.*

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 (6 doses), starting one day prior to DOCEtaxel; *patient must receive minimum of three doses pre-chemotherapy.* No premedications on Day 8 unless otherwise specified.

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.

### CHEMOTHERAPY:

**DOCEtaxel 80 mg/m² × BSA = _________mg**

- Dose Modification: _________ mg/m² × BSA = _________ mg
- IV in 250 to 500 mL NS (non-DEHP bag) over 1 hour on **Day 1 only** (use non-DEHP tubing).

**gemcitabine 800 mg/m² × BSA = _________mg**

- Dose Modification: _________ mg/m² × BSA = _________ mg
- IV in 250 mL NS over 30 minutes on **Day 1 and Day 8**

### DOSE MODIFICATION DAY 8:

**gemcitabine □ 800 mg/m² or □ _________mg/m² (select one) × _____% = _________ mg/m² × BSA = _________mg**

- IV in 250 mL NS over 30 minutes on **Day 8**

### SIGNATURE:

| UC: |  

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BC Cancer Agency Provincial Preprinted Order GOSADG

Created: 1 Dec 2009  Revised: 9 Nov 2020
**DOCTOR’S ORDERS**  

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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

**RETURN APPOINTMENT ORDERS**

- [ ] Return in 3 weeks for Doctor and Cycle ____. Book chemo Day 1 and Day 8.
- [ ] Last Cycle. Return in ______ week(s).

**CBC & Diff, Platelets** prior to Day 1 (all cycles) and prior to Day 8 (in cycle 1 only, unless specified below)

- [ ] CBC & Diff, Platelets prior to Day 8.

If clinically indicated:  
- [ ] Tot. Prot  
- [ ] Albumin  
- [ ] Bilirubin  
- [ ] GGT  
- [ ] Alk Phos.  
- [ ] AST  
- [ ] LDH  
- [ ] ALT  
- [ ] BUN  
- [ ] Creatinine

- [ ] Other tests: 
- [ ] Consults: 
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**  

**SIGNATURE:**

**UC:**