

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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: HNAVDOC

Page 1 of 1

| 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: Cy | | | | Cycle # | | |
| 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 100 x 10⁹/L | | | | | | |
| Dose modification for: | | | - | /: | | |
| PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm | | | | | | |
| Dexamethasone 8 mg PO bid for 3 days starting one day prior to each treatment. | | | | | | |
| A minimum of 3 doses of Dexamethasone pre-treatment are required. | | | | | | |
| 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: | | | | | | |
| **Have Hypersensitivity Reaction Tray and Protocol Available** | | | | | | |
| CHEMOTHERAPY: | | | | | | |
| DOCEtaxel 75 mg/m ² x BSA = mg Dose Modification:% =mg/m ² x BSA =mg IV in 250 to 500 mL (non-DEHP bag) NS over 1 hour (Use non-DEHP tubing) | | | | | | |
| RETURN APPOINTMENT ORDERS | | | | | | |
| Return in <u>three</u> weeks for Doctor and Cycle Last Cycle. Return in week(s). | | | | | | |
| CBC & Diff, Platelets prior to each cycle Prior to cycle 4: Bilirubin, ALT, Alk Phos, GGT, I | LDH | | | | | |
| If clinically indicated: ALT Bili Alk P | Phos 🗌 GGT | | DH | | | |
| Other tests: | | | | | | |
| Consults: | | | | | | |
| See general orders sheet for additional required | uests. | | | | | |
| DOCTOR'S SIGNATURE: | | | | SI | GNATURE | : |
| | | | | UC | : | |