### DOCTOR’S ORDERS

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

**DATE:**

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<tr>
<th>To be given:</th>
<th>Cycle #:</th>
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**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 10^9/L, Platelets greater than or equal to 90 x 10^9/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 ___________________________.

- **Ondansetron 8 mg** PO prior to treatment
- **Dexamethasone 8 mg** or 12 mg (circle one) PO prior to treatment
- **Aprepitant 125 mg** PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3
- **Prochlorperazine 10 mg** PO prn
- **Metoclopramide 10 mg** PO prn

**Other:**

**CHEMOTHERAPY:**

- **DOXO**Rubicin 50 mg/m² x BSA = _________mg
  - Dose Modification: _______% = ___________mg/m² x BSA = ___________mg
  - IV push
- **Fluorouracil** 500 mg/m² x BSA = _________mg
  - Dose Modification: _______% = ___________mg/m² x BSA = ___________mg
  - IV push
- **Cyclophosphamide** 500 mg/m² x BSA = _________mg
  - Dose Modification: _______% = ___________mg/m² x BSA = ___________mg
  - IV in NS 100 to 250 mL over 20 minutes to 1 hour

**RETURN APPOINTMENT ORDERS**

- [ ] Return in three weeks for Doctor and Cycle _________
- [ ] Last Cycle. Return in _______________weeks.

**CBC & Diff, platelets** prior to each cycle

If clinically indicated:
- [ ] Bilirubin
- [ ] Creatinine

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

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**