

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: HNSAVFAC

Page 1 of 1

DOCTOR'S ORDERS Htcm Wt	kg BSAm²
REMINDER: Please ensure drug allergies and previous bleomycin are documen	ted on the Allergy & Alert Form
DATE: To be given:	Sycle #:
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 <u>greater than or equal to</u> 1.5 x 10 ⁹ /L, Platelets <u>greater than</u> <u>or equal to</u> 90 x 10 ⁹ /L	
Dose modification for:	
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm	
dexamethasone 8 mg or 12 mg (select one) PO 30 to 60 minutes prior to treat and select ONE of the following: ondansetron 8 mg PO 30 to 60 minutes prior to treatment	
aprepitant 125 mg PO 30 to 60 minutes prior to treatment ondansetron 8 mg PO 30 to 60 minutes prior to treatment	
netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment	
Other:	
CHEMOTHERAPY:	
DOXOrubicin 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/m ² 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 inweeks.	
CBC & Diff, platelets prior to each cycle	
If clinically indicated:	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: