

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 <u>www.bccancer.bc.ca/terms-of-use</u> and according to acceptable standards of care.

PROTOCOL CODE: LUAVDC

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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 #:					
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> or equal to 100 x 10 ⁹ /L, Creatinine Clearance <u>greater than or equal to</u> 60 mL/minute					
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 each administration of DOCEtaxel; a minimum of 3 doses of dexamethasone pre-treatment are required					
ondansetron 8 mg PO 30 to 60 minutes prior to treatment aprepitant 125 mg PO 30 to 60 minutes prior to treatment					
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.					
HYDRATION: Prehydrate with 1000 mL NS over 1 hour					
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)					
CISplatin 75 mg/m ² x BSA = mg					
$\Box \text{ Dose Modification:} \qquad \% = \qquad mg/m^2 x BSA = \qquad mg$					
IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g over 1 hour					
RETURN APPOINTMENT ORDERS					
 Return in <u>three</u> weeks for Doctor and Cy Last Cycle. Return in week(s). 	ycle				
CBC & Diff, Platelets, Serum Creatinine p	rior to each cycle				
Prior to Cycle 4 and if clinically indicated:	ALT 🗌 Bili	🗌 Alk Pho	os 🗌 L	DH	
Consults:					
☐ See general orders sheet for addition	al requests.				
DOCTOR'S SIGNATURE:			SIGNATUR	E:	
				UC:	