To continue beyond 6 cycles, a BC Cancer "Compassionate Access Program" request must be approved.

<table>
<thead>
<tr>
<th>DOCTOR'S ORDERS</th>
<th>Ht _ cm</th>
<th>Wt _ kg</th>
<th>BSA _ m²</th>
</tr>
</thead>
</table>

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

<table>
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<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
</tr>
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</table>

Date of Previous Cycle:

- □ Delay Treatment __________ week(s)
- □ CBC & Diff, Platelets day of treatment

May proceed with doses as written Day 1 if within 24 hours ANC greater than or equal to $0.9 \times 10^9$/L and Platelets greater than $100 \times 10^9$/L

May proceed with doses as written Day 8 if within 96 hours ANC greater than or equal to $1.4 \times 10^9$/L and Platelets greater than $100 \times 10^9$/L

Dose modification for: □ Hematology  □ Other Toxicity

Proceed with treatment based on bloodwork 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 DOCEtaxel treatment.

(Note: A minimum of 3 doses of dexamethasone pre-treatment is required.)

- □ ondansetron 8 mg PO prior to treatment
- □ prochlorperazine 10 mg PO or metoclopramide 10 mg (circle one) PO 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.

Other:

**Have Hypersensitivity Reaction Tray and Protocol Available**

CHEMOTHERAPY:

gemcitabine 900 mg/m² or ________mg/m² x BSA = ________ mg

□ Dose Modification: __________% = ________mg/m² x BSA = ________ mg

IV in 250 mL NS at 10 mg/m²/min on Days 1 and 8

(i.e., 900 mg/m² dose = 1 h 30 min, 750 mg/m² dose = 1 h 15 min)

DOCEtaxel 75 mg/m² x BSA = ________ mg

□ Dose Modification: __________% = ________mg/m² x BSA = ________ mg

IV in 100 to 500 mL NS (use non-DEHP bag) over 1 hour Day 8 only. (Use non DEHP tubing)

DOSE MODIFICATION IF REQUIRED ON DAY 8:

gemcitabine 900 mg/m² or ________mg/m² x BSA = ________ mg

□ Dose Modification: __________% = ________mg/m² x BSA = ________ mg

IV in 250 mL NS at 10 mg/m²/min on Day 8

(i.e., 900 mg/m² dose = 1 h 30 min, 750 mg/m² dose = 1 h 15 min)

DOCEtaxel 75 mg/m² x BSA = ________ mg

□ Dose Modification: __________% = ________mg/m² x BSA = ________ mg

IV in 100 to 500 mL NS (use non-DEHP bag) over 1 hour Day 8 only. (Use non DEHP tubing)

RETURN APPOINTMENT ORDERS

□ Return in three weeks for Doctor and Cycle ______. Book Chemo room Day 1 & 8.
□ Last Cycle. Return in _______ weeks.

CBC & Diff, Platelets prior to each treatment (Day 1 and 8)

Prior to Cycle 4: Bilirubin, LDH ALT, GGT, Alk Phos

If clinically indicated: □ Tot. Prot  □ Albumin  □ Bilirubin  □ GGT  □ LDH  □ Alk Phos.  □ ALT  □ BUN  □ Creatinine

□ Other tests:
□ Consults:
□ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: ____________________________

SIGNATURE: ____________________________

UC: ____________________________

RN: ____________________________