



Provincial Health Services Authority

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 and according to acceptable standards of care

PROTOCOL CODE: BRAVA7

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 on Day 1 if labs done within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 90 x 10⁹/L

May proceed with doses as written on Days 8 and 15 if labs done within 48 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 90 x 10⁹/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 (select one) PO prior to treatment

Other:

CHEMOTHERAPY:

DOXOrubicin 15 mg/m² or 20 mg/m² (select one) x BSA x (_____ %) = _____ mg

IV push on Day 1, 8 and 15

DOSE MODIFICATION (if required for Day 8 or 15)

DOXOrubicin 15 mg/m² or 20 mg/m² (select one) x BSA x (_____ %) = _____ mg

IV push on Day _____

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____. Book chemo for Day 1, 8, and 15

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets prior to each treatment day

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

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: