

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: GUPDOC

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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	e given:			Cycle #	:	
Date of Previous Cycle:						
Delay treatment week(s)						
☐ CBC & Diff, Platelets day of treatment					0 -	
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 90 x 10 ⁹ /L (for cycles 1 and 4, also if within 96 hours Bilirubin less than or equal to ULN, Alk. Phos. less than 2.5 x ULN (unless bone metastases), and AST +/or ALT less than or equal to 1.5 x ULN)						
Dose modification for: Hematology		☐ Other	r Toxici	ty:		
Proceed with treatment based on blood wor	k from					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm						
dexamethasone 8 mg PO bid for 3 days, starting one day prior to treatment; patient must receive a minimum of 3						
doses pretreatment 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:						
CHEMOTHERAPY:						
DOCEtaxel 75 mg/m² x BSA = mg						
☐ Dose Modification: % = mg/m² x BSA = mg						
IV in 250 to 500 mL (non-DEHP bag) NS over one hour (use non-DEHP tubing)						
predniSONE 10 mg PO daily or 5 mg PO bid						
Mitte: 21 days OR months *Steroid Dosing Option:						
dexamethasone 1.5 mg daily. Mitte: days.						
RETURN APPOINTMENT ORDERS						
Return in three weeks for Doctor and Cycle						
Last Cycle. Return in week(s).						
CBC & Diff, Platelets and PSA prior to each c	ycle					
Prior to Cycle 4: ALT, Alk Phos, Bili, LDH	•					
☐ Other tests:						
Consults:						
Consuits:						
☐ See general orders sheet for additional r	requests.					
DOCTOR'S SIGNATURE:				SIC	GNATU	RE:
				UC	:	