BC CANCER
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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: BRLAACD

DOCTOR'S ORDERS

Ht_____cm Wt_____kg BSA_____m^2

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** on day of treatment
May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 100 x 10^9/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 _____.
dexamethasone ☐ **8 mg** or ☐ **12 mg** (select one) PO 30 to 60 minutes prior to AC treatment
and **select** ONE of the following:

☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to AC treatment
☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to AC treatment **ondansetron 8 mg** PO 30 to 60 minutes prior to AC treatment
☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to AC treatment

***For DOCEtaxel Cycles*:** **dexamethasone 8 mg** PO bid for 3 days starting one day prior to DOCEtaxel; patient must receive 3 doses 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****

TREATMENT:

DOXOrubicin 60 mg/m^2 x BSA =_____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV push

cyclophosphamide 600 mg/m^2 x BSA = _____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 100 to 250 mL NS over 20 minutes to 1 hour

OR

DOCEtaxel 100 mg/m^2 x BSA =_____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 250 to 500 mL NS (non-DEHP bag) over 1 hour (Use non-DEHP tubing)

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____
Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day_____
☐ Last Cycle. Return in _____weeks.

CBC & Diff prior to each cycle
Prior to Cycle 5: total bilirubin, ALT, alkaline phosphatase
If clinically indicated:
☐ **total bilirubin** ☐ **GGT** ☐ **alkaline phosphatase**
☐ **ALT** ☐ **LDH** ☐ **creatinine** ☐ **MUGA Scan** ☐ **Echocardiogram**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

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