

**PROTOCOL CODE: BRLAPNAC**

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<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
<b>DATE:</b>	<b>To be given:</b>			<b>Cycle #:</b>	
Date of Previous Cycle: _____					
Number of PACLitaxel doses completed to date: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment					
May proceed with doses as written for PACLitaxel NAB portion if labs done within 72 h: <b>ANC greater than or equal to <math>1.5 \times 10^9/L</math>, platelets greater than or equal to <math>100 \times 10^9/L</math>, total bilirubin less than or equal to 1.5 times the upper limit of normal, AST or ALT less than or equal to 10 times the upper limit of normal</b> May proceed with doses as written for AC portion if labs done within 72 h: <b>ANC greater than or equal to <math>1.5 \times 10^9/L</math>, platelets greater than or equal to <math>90 \times 10^9/L</math></b>					
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____					
Proceed with treatment based on blood work from _____					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.					
For cycles with DOXOrubicin and cyclophosphamide:					
dexamethasone <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> (select one) PO 30 to 60 minutes prior to AC treatment and <b>select ONE</b> of the following:					
<input type="checkbox"/>	ondansetron <b>8 mg</b> PO 30 to 60 minutes prior to AC treatment				
<input type="checkbox"/>	aprepitant <b>125 mg</b> PO 30 to 60 minutes prior to AC treatment ondansetron <b>8 mg</b> PO 30 to 60 minutes prior to AC treatment				
<input type="checkbox"/>	netupitant-palonosetron <b>300 mg-0.5 mg</b> PO 30 to 60 minutes prior to AC treatment				
<input type="checkbox"/> <b>Other:</b> _____					
<b>TREATMENT:</b>					
<input type="checkbox"/> <b>CYCLE #</b> _____					
PACLitaxel NAB <b>260 mg/m<sup>2</sup></b> x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg					
IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with <b>15</b> micron filter)					
Pharmacist to select <b>dose band</b> per last page of PPO. Complete table below (please print)					
<b>Drug</b>	<b>Dose Band (mg)</b>	<b>Pharmacist Initial and Date</b>			
PACLitaxel NAB					
<b>*** SEE PAGE 2 FOR AC TREATMENT CYCLES ***</b>					
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>	
				<b>UC:</b>	

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<b>DATE:</b>	
<b>TREATMENT: (Continued)</b>	
<u>OR</u>	
<input type="checkbox"/> <b>CYCLE #</b> _____	
<b>DOXOrubicin 60 mg/m<sup>2</sup> x BSA =</b> _____ mg	
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg	
IV push	
<b>cyclophosphamide 600 mg/m<sup>2</sup> x BSA =</b> _____ mg	
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg	
IV in 100 to 250 mL NS over 20 to 60 minutes	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____	
<input type="checkbox"/> Book filgrastim (G-CSF) <b>subcutaneous</b> teaching and first dose on Cycle __ Day __	
<input type="checkbox"/> Last Cycle. Return in _____ week(s) after last treatment.	
<b>Cycles 1 to 4:</b> <b>CBC &amp; Diff, total bilirubin, ALT, creatinine</b> prior to each treatment	
<b>Cycles 5 to 8:</b> <b>CBC &amp; Diff</b> prior to each treatment	
If clinically indicated: <input type="checkbox"/> <b>alkaline phosphatase</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>urea</b>	
If clinically indicated, for Cycles 5 to 8: <input type="checkbox"/> <b>total bilirubin</b> <input type="checkbox"/> <b>ALT</b> <input type="checkbox"/> <b>creatinine</b>	
<input type="checkbox"/> <b>MUGA</b> <input type="checkbox"/> <b>echocardiogram</b>	
<input type="checkbox"/> <b>Other tests:</b>	
<input type="checkbox"/> <b>Consults:</b>	
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>

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**PACLitaxel NAB DOSE BANDING TABLE**

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 96		Pharmacy prepares specific dose
96	104.49	100
104.5	108.49	105
108.5	115.49	110
115.5	125.49	120
125.5	135.49	130
135.5	145.49	140
145.5	155.49	150
155.5	165.49	160
165.5	177.49	170
177.5	190.49	185
190.5	210.49	200
210.5	230.49	220
230.5	250.49	240
250.5	270.49	260
270.5	286.49	275
286.5	314.49	300
314.5	329.49	315
329.5	344.49	330
344.5	362.49	345
362.5	388.49	370
388.5	419.49	400
419.5	439.49	420
439.5	459.49	440
459.5	479.49	460
479.5	499.49	480
499.5	524.49	500
524.5	566.49	540
566.5	596.49	580
596.5	630.49	600
630.5	683.49	650
More than 683.49		Pharmacy prepares specific dose