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: HNLADOCRT

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** day of treatment

May proceed with doses as written if within 48 hours **ANC greater than or equal to 1.5 x 10^9/L** and **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 _____

30 Minutes Prior To DOCEtaxel:

dexamethasone 8 mg IV in 50 mL NS over 15 minutes

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY:

DOCEtaxel 15 mg/m² x BSA =_____mg

☐ Dose Modification:_____mg/m² x BSA = _____mg

IV in 25 to 100 mL (non-DEHP bag) NS over 1 hour (Use non-DEHP tubing) once weekly x _____ weeks.

RETURN APPOINTMENT ORDERS

☐ Return in ____weeks for Doctor and week(s) ____. Book chemo weekly x 7 weeks total.

☐ Last Cycle. Return in _____ weeks.

CBC & Diff, ALT, alkaline phosphatase, total bilirubin prior to each treatment

If clinically indicated:

☐ **GGT** ☐ **LDH** ☐ **creatinine** ☐ **HBV viral load**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for further orders**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: