



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: SCDRUGRX – PPO B

Preprinted Order B: Subsequent cycle infusion administration after infusion-related reaction

DOCTOR'S ORDERS

DATE:

Cycle #: _____ Day(s) #: _____ (if applicable)
Cycle and day(s) must correlate with active treatment PPO

PRE-MEDICATION:

Refer to protocol and/or SCDRUGRX by which patient is being treated for premedication guidance.

Write/adjust all necessary premedication orders directly on the treatment PPO, including medication that the patient is instructed to take at home.

SPECIFIC PROTOCOL:

Refer to protocol by which the patient is being treated for subsequent infusion reaction management guidelines

Administer _____ (indicate drug name) at lowest rate per protocol, and titrate as per treatment protocol.

NO SPECIFIC PROTOCOL:

For drugs/protocols with no specific subsequent infusion reaction guidelines.

Administer _____ (indicate drug name) as per below (choose **ONE** only):

<input type="checkbox"/> 25% of full rate for 5min 50% of full rate for 5min 75% of full rate for 5min Full rate OR Cap rate at _____ *Perform titration rate 1 time and discontinue titration rate if patient tolerates rechallenge.	<input type="checkbox"/> 25% of full rate for 5min 50% of full rate for 5min 75% of full rate for 5min Full rate OR Cap rate at _____ *Perform titrations for all subsequent infusions.	<input type="checkbox"/> 25% of full rate for ___min 50% of full rate for ___min 75% of full rate for ___min Full rate OR Cap rate at _____
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No modified start. Pre-medication(s) as per treatment PPO.

Consider clinical circumstances when selecting infusion rate: severity of initial reaction, patient comorbidities, patient experience, and use of premedication.

DOCTOR'S SIGNATURE:

SIGNATURE:

RN or UC: