



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: BRAVTAX

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|--|---------------------|--|
| 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: _____ | | |
| <input type="checkbox"/> Delay Treatment _____ week(s) <input type="checkbox"/> CBC & Diff, platelets day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than 90 x 10⁹/L | | |
| Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ | | |
| Proceed with treatment based on blood work from _____ | | |
| PREMEDICATIONS: <u>45 minutes prior to PACLitaxel:</u> dexamethasone 20 mg IV in 50 mL NS over 15 minutes. <u>30 minutes prior to PACLitaxel:</u> diphenhydramine 50 mg IV and ranitidine 50 mg IV in 50 mL NS over 20 minutes. (compatible up to 3 hours when mixed in a bag) <input type="checkbox"/> Other: _____ | | |
| **Have Hypersensitivity Reaction Tray and Protocol Available** | | |
| CHEMOTHERAPY: PACLitaxel 175 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL (use non-DEHP bag) NS over 3 hours. (Use non DEHP tubing with 0.22 micron or smaller in-line filter) | | |
| RETURN APPOINTMENT ORDERS | | |
| <input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ | | |
| <input type="checkbox"/> Last Cycle. Return in _____ weeks. | | |
| CBC & Diff, Platelets prior to each cycle If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> AST <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests. | | |
| DOCTOR'S SIGNATURE: | | SIGNATURE: UC: |