



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: BRLATACG

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 24 hours ANC greater than or equal to 1 x 10⁹/L , Platelets greater than or equal to 100 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. 45 Minutes Prior to PACLitaxel: dexamethasone 20 mg IV in NS 50 mL over 15 minutes 30 Minutes Prior to PACLitaxel: diphenhydramine 50 mg IV and ranitidine 50 mg IV in NS 50 mL over 20 minutes (compatible up to 3 hrs when mixed in bag) <input type="checkbox"/> Other: _____ OR ondansetron 8 mg PO prior to AC treatment dexamethasone 8 mg or 12 mg (circle one) PO prior to AC treatment <input type="checkbox"/> aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3 <input type="checkbox"/> prochlorperazine 10 mg PO prn <input type="checkbox"/> metoclopramide 10 mg PO prn					
Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 1 to 4					
CHEMOTHERAPY: PACLitaxel 175 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in NS 500 mL (non-DEHP bag) over 3 hours (Use non-DEHP tubing with 0.22 micron or smaller in-line filter) OR DOXOrubicin 60 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push cyclophosphamide 600 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in NS 100 to 250 mL over 20 minutes to 1 hour					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in two weeks for Doctor and Cycle _____ <input type="checkbox"/> Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s)					
CBC & Diff, Platelets prior to each cycle If clinically indicated: <input type="checkbox"/> Creatinine <input type="checkbox"/> AST <input type="checkbox"/> Bilirubin <input type="checkbox"/> Muga Scan <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Other tests: _____ <input type="checkbox"/> Consults: _____ <input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE: _____					SIGNATURE: _____
					UC: _____