



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: BRAVGEMT

<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>		
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay Treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written <b>Day 1</b> if within 24 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than 100 x 10<sup>9</sup>/L</b> May proceed with doses as written <b>Day 8</b> if within 24 hours <b>ANC greater than or equal to 1.2 x 10<sup>9</sup>/L, Platelets greater than 75 x 10<sup>9</sup>/L</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> <b>45 minutes prior to PACLitaxel:</b> <b>dexamethasone 20 mg IV</b> in 50 mL NS over 15 minutes. <b>30 minutes prior to PACLitaxel:</b> <b>diphenhydrAMINE 50 mg IV</b> and <b>ranitidine 50 mg IV</b> in 50 mL NS over 20 minutes. (compatible up to 3 hours when mixed in a bag) <input type="checkbox"/> <b>Other:</b> _____		
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>		
<b>CHEMOTHERAPY:</b> <b>PACLitaxel 175 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 to 500 mL NS (use non-DEHP bag) over 3 hours <b>Day 1 only</b> . (Use non-DEHP tubing with <b>0.22 micron or smaller</b> in-line filter)  <b>gemcitabine 1250 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes <b>Day 1 and 8</b>		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book chemo room Day 1 & 8 <input type="checkbox"/> Last Cycle. Return in _____ weeks.		
<b>CBC &amp; Diff, Platelets</b> prior to each treatment If clinically indicated: <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>AST</b> <input type="checkbox"/> <b>Creatinine</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>		
DOCTOR'S SIGNATURE:		SIGNATURE:  UC: