



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: BRAVDOC

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 $1.5 \times 10^9/L$, Platelets greater than $90 \times 10^9/L$		
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 _____		
Dexamethasone 8 mg PO BID for 3 days, starting one day prior to treatment. Patient must receive 3 doses prior to treatment.		
Optional: Frozen gloves starting 15 minutes before docetaxel infusion until 15 minutes after end of docetaxel infusion; gloves should be changed after 45 minutes of wearing.		
Have Hypersensitivity Reaction Tray and Protocol Available		
CHEMOTHERAPY:		
DOCEtaxel 100 mg/m^2 x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m^2 x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 1 hour (Use Non-DEHP tubing)		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. RTC in _____ weeks.		
CBC & Diff, Platelets prior to each cycle Prior to Cycle 4: Bilirubin, AST, ALT, GGT, Alk Phos If Clinically Indicated: <input type="checkbox"/> Tot. Prot <input type="checkbox"/> Albumin <input type="checkbox"/> Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> Alk Phos. <input type="checkbox"/> AST <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for further orders		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: