



# BC Cancer Agency

CARE & RESEARCH

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: BRLAACD

<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 if within 96 hours <b>ANC greater than or equal to <math>1.5 \times 10^9/L</math>, Platelets greater than <math>90 \times 10^9/L</math></b>		
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>ondansetron 8 mg</b> PO prior to AC treatment <b>dexamethasone 8 mg or 12 mg</b> (circle one) PO prior to AC treatment <input type="checkbox"/> <b>aprepitant 125 mg</b> PO pre-chemotherapy on Day 1 and <b>80 mg</b> PO post-chemotherapy once daily on Days 2 and 3 <input type="checkbox"/> <b>prochlorperazine 10 mg</b> PO prn <input type="checkbox"/> <b>metoclopramide 10 mg</b> PO prn <b>For DOCEtaxel Cycles:</b> <b>dexamethasone 8 mg</b> PO bid for 3 days starting one day prior to DOCEtaxel; patient must receive 3 doses prior to treatment <b>Optional: Frozen gloves</b> starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing. <input type="checkbox"/> <b>Other:</b> _____		
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>		
<b>CHEMOTHERAPY:</b> <b>Doxorubicin <math>60 \text{ mg/m}^2</math></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2$ x BSA = _____ mg IV push <b>cyclophosphamide <math>600 \text{ mg/m}^2</math></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2$ x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour <b>OR</b> <b>DOCEtaxel <math>100 \text{ mg/m}^2</math></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2$ x BSA = _____ mg IV in 250 to 500 mL NS (non-DEHP bag) over 1 hour (Use non-DEHP tubing)		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ weeks.		
<b>CBC &amp; Diff, Platelets</b> prior to each cycle <b>Prior to Cycle 5:</b> Bilirubin, AST, ALT, Alk Phos If clinically indicated: <input type="checkbox"/> <b>Tot. Prot</b> <input type="checkbox"/> <b>Albumin</b> <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>Alk Phos.</b> <input type="checkbox"/> <b>AST</b> <input type="checkbox"/> <b>LDH</b> <input type="checkbox"/> <b>ALT</b> <input type="checkbox"/> <b>Creatinine</b> <input type="checkbox"/> <b>MUGA Scan</b> <input type="checkbox"/> <b>Echocardiogram</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>		
<b>DOCTOR'S SIGNATURE:</b> _____		<b>SIGNATURE:</b> _____ <b>UC:</b> _____