



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: BRAVABR

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 <u>greater than or equal to</u> $1.5 \times 10^9/L$, Platelets <u>greater than or equal to</u> $100 \times 10^9/L$		
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 _____. <input type="checkbox"/> Other: _____		
Have Hypersensitivity Reaction Tray and Protocol Available		
CHEMOTHERAPY: PACLitaxel-NAB (ABRAXANE) $260 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg <input type="checkbox"/> Dose Modification: _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron 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 (Bilirubin, LFTs, Creatinine required prior to Cycle 1) If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> AST <input type="checkbox"/> Alk Phos <input type="checkbox"/> ALT <input type="checkbox"/> GGT <input type="checkbox"/> Creatinine <input type="checkbox"/> BUN <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: