



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 and according to acceptable standards of care

PROTOCOL CODE: BRAVDOC7

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 <u>greater than or equal to</u> 1.5 x 10⁹/L, Platelets <u>greater than</u> 90 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 _____ Dexamethasone 8 mg PO 1 hour prior to DOCEtaxel treatment.		
Have Hypersensitivity Reaction Tray and Protocol Available		
CHEMOTHERAPY: DOCEtaxel (weekly) 36 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: : _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL (non-DEHP bag) NS over 30 min to 1 hour. (Use non-DEHP tubing) <input type="checkbox"/> Repeat dose as written x _____ weeks.		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____. Book chemo weekly x 6 weeks. <input type="checkbox"/> Last Cycle. Return in _____ weeks.		
CBC & Diff, Platelets prior to each treatment. Prior to Cycle 3: 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: