BC CANCER
Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: BRAVGEMD

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:

☐ Delay Treatment __________ week(s)
☐ **CBC & Diff, Platelets** day of treatment

May proceed with doses as written **Day 1** if within 96 hours **ANC greater than or equal to 1.5 x 10^9/L, Platelets greater than or equal to 100 x 10^9/L**

May proceed with doses as written **Day 8** if within 48 hours **ANC greater than or equal to 1.2 x 10^9/L, Platelets greater than or equal to 75 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity**____________________

Proceed with treatment based on bloodwork from ________________

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm ________________

dexamethasone 8 mg PO BID for 3 days, starting one day prior to DOCEtaxel 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.

☐ **Other:**

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY:

DOCEtaxel 75 mg/m^2 x BSA = _______mg
☐ Dose Modification: _______% = _______ mg/m^2 x BSA = _________ mg
IV in 250 to 500 mL NS (use non-DEHP bag) over 1 hour **Day 1 only**. (Use non DEHP tubing)

gemcitabine 1000 mg/m^2 x BSA = _______ mg
☐ Dose Modification: _______% = _______ mg/m^2 x BSA = _________ mg
IV in 250 mL NS over 30 minutes **Day 1 and 8**

DOSE MODIFICATION IF REQUIRED ON DAY 8:

gemcitabine 1000 mg/m^2 x BSA = _______ mg
☐ Dose Modification: _______% = _______ mg/m^2 x BSA = _________ mg
IV in 250 mL NS over 30 minutes on **Day 8**

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____. Book Chemo room Day 1 & 8.
☐ Last Cycle. Return in __________weeks.

CBC & Diff, Platelets prior to each cycle (Day 1and 8)
Prior to **Cycle 4**: **Bilirubin, ALT, GGT, Alk Phos**
If clinically indicated: ☐ **Tot. Prot** ☐ **Albumin** ☐ **Bilirubin** ☐ **GGT** ☐ **ALT**
☐ **Alk Phos.** ☐ **LDH** ☐ **BUN** ☐ **Creatinine**

☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: