



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: SCDRUGRX – PPO B**

**Preprinted Order B: Subsequent cycle infusion administration after infusion-related reaction**

**DOCTOR'S ORDERS**

DATE:

Cycle #: \_\_\_\_\_ Day(s) #: \_\_\_\_\_ (if applicable)

Cycle and day(s) must correlate with active treatment PPO

**PRE-MEDICATION:**

Refer to protocol and/or SCDRUGRX by which patient is being treated for premedication guidance.

Write/adjust all necessary premedication orders directly on the treatment PPO, including medication that the patient is instructed to take at home.

**SPECIFIC PROTOCOL:** Refer to protocol by which the patient is being treated for subsequent infusion reaction management guidelines

Administer \_\_\_\_\_ (indicate drug name) at lowest rate per protocol, and titrate as per treatment protocol.

**NO SPECIFIC PROTOCOL:** For drugs/protocols with no specific subsequent infusion reaction guidelines

Administer \_\_\_\_\_ (indicate drug name) as per below (choose **ONE** only):

<input type="checkbox"/> 25% of the full rate for 5 minutes, then 50% for 5 minutes, then 75% for 5 minutes, then Full rate Or cap rate at _____	<input type="checkbox"/> 25% of the full rate for ___ minutes, then 50% for ___ minutes, then 75% for ___ minutes, then Full rate Or cap rate at _____	<input type="checkbox"/> No modified start. Pre-medication(s) as per <a href="#">treatment PPO</a>
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Consider clinical circumstances when selecting infusion rate: severity of initial reaction, patient comorbidities, patient experience, and use of premedication.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**RN or UC:**