



Cancer Care Program

Doctor's Order Sheet

DOCEtaxel Regimen:

**DOCEtaxel**

Adult Chemotherapy- Medical Oncology

Metastatic Esophagogastric

Adenocarcinoma Therapy

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



CC1430 0014 062017

Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm      Body Surface Area (BSA) = \_\_\_\_\_

**Allergies:**

No Known

Date: DD/MONTH/YYYY      Planned Administration Date: DD/MONTH/YYYY

Cycle \_\_\_\_\_ of \_\_\_\_\_      **Cycle Duration: 21 days**      Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than or equal to**  $1.5 \times 10^9/L$  and platelets **greater than or equal to**  $100 \times 10^9/L$ , otherwise notify Medical Oncologist.
- LFT's and Bilirubin assessed.

**PREMEDICATIONS (FOR COMMUNITY PHARMACY):**

Dexamethasone 8 mg PO bid x 3 days starting the day before chemotherapy

(Patient must receive a minimum of three doses prior to receiving treatment.)

RN to confirm \_\_\_\_\_ (INITIALS)

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

Metoclopramide 10 mg PO

Other: \_\_\_\_\_

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

DOCEtaxel 75 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg IV in 250 mLs normal saline (non-PVC bag) over 60 minutes on Day 1 (Doses greater than 185 mg must be diluted in 500 mLs normal saline)

Dose modification: 75 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg IV in 250 mLs normal saline (non-PVC bag) over 60 minutes on Day 1

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT; PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION. USER WILL BE SOLELY RESPONSIBLE FOR VERIFYING ITS CURRENCY AND ACCURACY.