

Doctor's Order Sheet
AC PACLitaxel Dose Dense
Regimen: **(Cycles 1-4)**
DOXOrubicin-
cyclophosphamide (Part I)

ARIA Protocol Name: AC-PACLitaxel dose-dense
Adult Chemotherapy- Medical Oncology
Adjuvant Breast Cancer Therapy



CC1790 0050 09 2019

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

No Known

Date: DD/MONTH/YYYY
Cycle _____ of _____

Planned Administration Date: DD/MONTH/YYYY

Cycle Duration: 14 days

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1 \times 10^9/L$ and platelets **greater than or equal to** $100 \times 10^9/L$, otherwise notify Medical Oncologist.
- LFT's and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS:

fosaprepitant 150 mg IV in 150 mL normal saline over 30 minutes

OR

aprepitant 125 mg PO followed by 80 mg PO on days 2 and 3

ondansetron 16 mg PO

dexamethasone 12 mg PO

Other: _____

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

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Doctor's Order Sheet
AC PACLitaxel Dose Dense
Regimen: **(Cycles 1-4)**
DOXOrubicin-
cyclophosphamide (Part II)

Name: _____

HCN: _____

Date of Birth: _____

ARIA Protocol Name: AC-PACLitaxel dose-dense
Adult Chemotherapy- Medical Oncology
Adjuvant Breast Cancer Therapy



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

HYDRATION/SUPPORTIVE CARE:

normal saline 1000 mL IV (hydration to be given before cyclophosphamide)

CHEMOTHERAPY:

DOXOrubicin 60 mg/m² X BSA = _____ mg IV push on day 1

Dose modification: 60 mg/m² X BSA - _____ % = _____ mg IV push on day 1

cyclophosphamide 600 mg/m² X BSA= _____ mg IV in 100 mL normal saline 0.9%
over 60 minutes on day 1

Doses greater than 1000 mg must be diluted in 250 mL normal saline 0.9%

Dose modification: 600 mg/m² X BSA - _____ % = _____ mg IV in 100 mL normal saline 0.9%
over 60 minutes on day 1

Doses greater than 1000 mg must be diluted in 250mLs normal saline 0.9%

POST CHEMOTHERAPY:

filgrastim (Brand: _____) _____ mcg subcutaneous daily for 7 days starting 24-48 hours post chemotherapy

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Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

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