



CC1700 0041 10 2019

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

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

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

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**  $90 \times 10^9/L$ , otherwise notify Medical Oncologist.
- LFT's and Bilirubin assessed.

**PREMEDICATIONS**

- 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)**
- Other: \_\_\_\_\_

**CHEMOTHERAPY:**

- DOCEtaxel 100 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg IV in 250 mL normal saline (non-PVC bag) over 60 minutes on day 1 (If dose is greater than 185 mg, administer in 500 mL normal saline)**
- Dose modification: **100 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg IV in 250 mL normal saline (PVC Free bag) over 60 minutes on day 1**

**POST CHEMOTHERAPY:**

- filgrastim (Brand: \_\_\_\_\_) \_\_\_\_\_ mcg subcutaneous daily for 7 days starting 24-48 hours post chemotherapy**
- pegfilgrastim (Brand: \_\_\_\_\_) 6 mg subcutaneous x one dose 24-48 hours post chemotherapy**

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: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.