

Doctor's Order Sheet
DOCEtaxel 75 Regimen
ARIA Protocol Name: Doce75 Bladder
 Adult Chemotherapy - Medical Oncology
 Advanced Urothelial Carcinoma Therapy



CC2310 0102 06 2020

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** $100 \times 10^9/L$, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR COMMUNITY PHARMACY):

dexamethasone 8 mg PO bid for 3 days starting the day before chemotherapy

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

Other: _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

DOCEtaxel 75 mg/m² X BSA = _____ **mg**

Dose modification: **DOCEtaxel 75 mg/m²** X BSA - _____ % = _____ **mg**

IV in 250 to 500 mL normal saline PVC Free over 60 minutes on day 1

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.