

Doctor's Order Sheet  
**DOCEtaxel 75 Regimen**  
**ARIA Protocol Name: Doce75**

Adult Chemotherapy - Gynecological Oncology  
Endometrial, Cervical, Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube  
Carcinoma Therapy



CC3570 0168 08 2021

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**  $1 \times 10^9/L$  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/m<sup>2</sup>** X BSA = \_\_\_\_\_ **mg**

Dose modification: **DOCEtaxel 75 mg/m<sup>2</sup>** 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.