

Doctor's Order Sheet  
**DOXOrubicin 60 -  
dacarbazine 850 Regimen**

**ARIA Protocol Name:** Doxorubicin 60 Dacarbazine 850  
Adult Chemotherapy - Medical Oncology  
Advanced Incurable Soft Tissue Sarcoma Therapy



CC5100 0321 05 2023

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

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

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

**Allergies:**

**No Known**

Date: DD/MONTH/YYYY  
Cycle \_\_\_\_\_ of \_\_\_\_\_

**Cycle Duration: 21 days**

Planned Administration Date: DD/MONTH/YYYY  
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 HOSPITAL PHARMACY):**

- fosaprepitant 150 mg IV** in 150 mL normal saline over 30 minutes on day 1
- ondansetron 8 mg PO** on day 1
- dexamethasone 8 mg PO** on day 1
- Other: \_\_\_\_\_

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

- DOXOrubicin 60 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ mg
- Dose modification: **DOXOrubicin 60 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_% = \_\_\_\_\_ mg
- IV** push on day 1
- dacarbazine 850 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ mg
- Dose modification: **dacarbazine 850 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_% = \_\_\_\_\_ mg
- IV** in 500 mL normal saline 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.