

REVISED December 2010

DOCETAXEL

Weekly x 4

1 cycle = 4 weekly doses

Date written _____ To begin _____

Patient's Height _____ cm	Weight _____ kg	BSA _____ m ²
Allergies: <input type="checkbox"/> No	<input type="checkbox"/> Yes: _____	
Diagnosis _____		Metastatic Site _____

Protocol:
<input type="checkbox"/> Yes # _____
<input type="checkbox"/> No
Source of Drug:
<input type="checkbox"/> Routine supply
<input type="checkbox"/> Protocol supply
<input type="checkbox"/> Other

1. Laboratory Studies: None needed prior to first dose of chemo
 Additional labs needed prior to first dose chemo:

_____ Weekly CBC with Differential and Platelet Count

2. Consent Obtained ?

- Yes
- Preprinted Consent
 - See Dictated Note
 - Note in Chart

No Plan: _____

3. Infusion Room General Order Set will be initiated

4. Premedications: (For all cycles, unless otherwise specified)

Hydration: **none**

Antiemetics: **Dexamethasone 8mg po x3 doses starting evening prior to docetaxel, AM of docetaxel, and evening of docetaxel infusion.**

Prochlorperazine 10mg/po prn.

5. Chemotherapy dose calculation: (calculate 100% of dose)

Docetaxel, 35 mg/m² = _____ mg IV weekly x 4 infuse over 1 hour.

6. Post Chemotherapy: (For each cycle, unless otherwise specified)

Hydration: **none**

Antiemetics: **Prochlorperazine 10mg po q 4-6 hrs prn.**

7. For each dose if WBC >3.0 and PLT >100,000 and ANC >1.5 proceed with dose as written; RN to initial each. If parameters not met, call MD for dose adjustment. Any dose modifications (dose or time interval) must be signed by MD. Physician to see to begin each cycle.

MD/Preparer's Signature _____

Attending Physician Signature _____

Does dose to be given vary from calculated 100% dose?
<input type="checkbox"/> No
<input type="checkbox"/> Yes
Give _____ % of full dose.
This should be the dose written in the grid.
Reason: _____

Planned events for next cycle:

Cycle # / Week # (Percent dose)	___/1 ()	___/2 ()	___/3 ()	___/4 ()
Date				
Weight/BSA				
WBC/ANC				
Hb/Hct				
Platelets				
Verification ALL Premeds taken (RN to initial)				
Docetaxel dose (mg)				
MD/RN Signature				



MR CHEMO ORDER