PENNSTATE HERSHEY
Cancer Institute

Revised December 2010

DOCETAXEL/DOXORUBICIN/ CYCLOPHOSPHAMIDE

Date written _____ **To begin** _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____
Diagnosis _____Metastatic Site _____

Protocol:
☐Yes #_____
☐ No
Source of Drug:
☐Routine supply
☐Protocol supply
☐Other

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

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)
Antiemetics: Check to make sure patient took pre-meds
Dexamethasone 20mg p.o. 30 min pre-chemo
Aloxi 0.25 mg IV 30 min pre-chemo

5. Chemotherapy dose calculation: (calculate 100% of dose)
DOCETAXEL 60 / 75 mg/m^2 =_____mg given IV over 60 mins every 21 days

DOXORUBICIN 50 mg/m^2=_____mg given IV q 3 weeks

CYCLOPHOSPHAMIDE 500 mg/m^2=_ _____mg given IV q 3 weeks

6. Post Chemotherapy: (For each cycle, unless otherwise specified)
Antiemetics: Prochlorperazine 10 mg p.o. q4-6 hours prn

7. Subsequent Doses: Patient to be seen prior to each cycle by MD, orders will be written for each.
(1 cycle = 1 dose)

MD/Preparer's Signature _____

Attending Physician Signature_____

Does dose to be given vary from calculated 100% dose?
☐ No
☐ Yes
Give _____ % of full dose.
This should be the dose written in the grid.
Reason: _____
_____
_____

Planned events for next cycle:
_____
_____
_____

Cycle # (Percent dose)	_____ ( )
Date	
Weight/BSA	
Wbc/ANC	
Hb/Hct	
Platelets	
Bun/Creat	
Docetaxel mg IV	
Doxorubicin mg IV	
Cyclophosphamide mg IV	
(Growth Factors)	
MD/RN Signature	

MR CHEMO ORDER