



BC Cancer Agency

CARE & RESEARCH

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: LUAVPC

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: _____ **To be given:** _____ **Cycle #:** _____

Date of Previous Cycle: _____

Delay treatment _____ week(s)

CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L**

Dose modification for: **Hematology** **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

45 Minutes Prior To Paclitaxel:
Dexamethasone 20 mg IV in 50 mL NS over 15 minutes

30 Minutes Prior To Paclitaxel:
Diphenhydramine 50 mg IV and **Ranitidine 50 mg IV** in 50 mL NS over 20 minutes

Ondansetron 8 mg PO prior to Carboplatin

Other: _____

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY:

Paclitaxel 200 mg/m² x BSA = _____ mg
 Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
 IV in 500 mL (use non-PVC bag) NS over 3 hours (use non-PVC tubing with in-line filter)

Carboplatin AUC 6 x (GFR + 25) = _____ mg
 Dose Modification: _____ % = _____ mg
 IV in 250 mL D5W over 30 minutes

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____

Last Cycle. Return in _____ week(s).

CBC and Diff, Platelets, Creatinine prior to each cycle

If clinically indicated: **Bilirubin** **AST**

Other tests: _____

Consults: _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: _____ SIGNATURE: _____

UC: _____