



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: GOOV TAX3

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle:				
<input type="checkbox"/> Delay Treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC <u>greater than or equal to 1</u> x 10<sup>9</sup>/L, Platelets <u>greater than 100</u> x 10<sup>9</sup>/L</b>				
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____				
<b>Proceed with treatment based on blood work from</b> _____				
PREMEDICATIONS:				
<b>45 minutes prior to Paclitaxel:</b>				
<b>Dexamethasone 20 mg</b> IV in 50 mL NS over 15 minutes.				
<b>30 minutes prior to Paclitaxel:</b>				
<b>Diphenhydramine 50 mg</b> IV and <b>Ranitidine 50 mg</b> IV in 50 mL NS over 20 minutes.				
<input type="checkbox"/> <b>Other:</b>				
**Have Hypersensitivity Reaction Tray and Protocol Available**				
CHEMOTHERAPY:				
<b>Paclitaxel 175 mg/m<sup>2</sup> or 135 mg/m<sup>2</sup></b> (circle one) x BSA = _____ mg				
<input type="checkbox"/> <b>Dose Modification:</b> _____ mg/m <sup>2</sup> x BSA = _____ mg				
IV in 250 to 500 mL (non-PVC bag) NS over 3 hours.				
(Use non PVC tubing with in-line filter)				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ weeks.				
<b>CBC &amp; Diff, Platelets</b> prior to each cycle				
If clinically indicated: <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>ALT</b>				
<input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	