



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: GOCXCAD

**Class II Drug:**

Recurrent or IIIb, IVa or IVb non-small cell cancer of the cervix. Ineligible for GOCXRADC.

For other indications, an "Undesignated Indications Request" form must be approved prior to use.

<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 greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 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: Patient to take own supply. RN/Pharmacist to confirm _____. <b>Dexamethasone 8 mg</b> PO BID for 3 days, starting one day prior to each treatment. Patient must receive minimum of three doses pre-treatment. <b>Ondansetron 8 mg</b> PO 30 minutes prior to Carboplatin. <b>Optional: Frozen gloves</b> starting 15 minutes before docetaxel infusion until 15 minutes after end of docetaxel infusion; gloves should be changed after 45 minutes of wearing. <input type="checkbox"/> <b>Other:</b> _____				
**Have Hypersensitivity Reaction Tray and Protocol Available**				
CHEMOTHERAPY: <b>Docetaxel 75 mg/m<sup>2</sup> or 60 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 1 hour. (Use non-PVC tubing)  <b>Carboplatin AUC 5 or 4 (circle one) x (GFR + 25) = _____ mg</b> <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg IV in 250mL D5W over 30 minutes.				
<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 _____ week(s).				
<b>CBC &amp; Diff, Platelets</b> on <input type="checkbox"/> Day 7 <input type="checkbox"/> Day 14. <b>CBC &amp; Diff, Platelets, Creatinine</b> prior to next cycle. Prior to next cycle, if clinically indicated: <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>Alk Phos</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>ALT</b> <input type="checkbox"/> <b>AST</b> <input type="checkbox"/> <b>LDH</b> <input type="checkbox"/> <b>Tot Prot</b> <input type="checkbox"/> <b>Albumin</b> <input type="checkbox"/> <b>CA 15-3</b> <input type="checkbox"/> <b>CA 125</b> <input type="checkbox"/> <b>CA 19-9</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>				
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>	
			UC:	