



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: GOOVCATR

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> 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: <input type="checkbox"/> Hematology <input type="checkbox"/> 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 30 minutes prior to Carboplatin.				
<input type="checkbox"/> Other: _____				
Have Hypersensitivity Reaction Tray and Protocol Available				
CHEMOTHERAPY:				
Paclitaxel 175 mg/m² or _____ mg/m ² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² x BSA = _____ mg				
IV in 250 to 500 mL (non-PVC bag) NS over 3 hours. (Use Non PVC tubing with in-line filter)				
Carboplatin AUC 6 or 5 (circle one) x (GFR + 25) = _____ mg				
<input type="checkbox"/> Dose Modification: _____% = _____ mg				
IV in 250mL D5W over 30 minutes.				
RETURN APPOINTMENT ORDERS				
Return in <input type="checkbox"/> three weeks, or <input type="checkbox"/> four weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Treatment. Return in _____ week(s).				
CBC & Diff, Platelets on <input type="checkbox"/> Day 14 <input type="checkbox"/> Day 21.				
CBC & Diff, Platelets prior to next cycle.				
<input type="checkbox"/> Prior to next cycle, if clinically indicated:				
<input type="checkbox"/> Bilirubin <input type="checkbox"/> Alk Phos <input type="checkbox"/> GGT <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> LDH <input type="checkbox"/> Tot Prot <input type="checkbox"/> Albumin <input type="checkbox"/> Creatinine <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 19-9				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:

