

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

PROTOCOL CODE: BRLACPNAC

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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form DATE: To be given: Cycle #: Date of Previous Cycle: Number of PACLitaxel doses completed to date: Delay treatment	DOCTOR'S ORDERS Htcm Wtkg BSA	m²		
Date of Previous Cycle: Number of PACLitaxel doses completed to date:	REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form			
Number of PACLitaxel doses completed to date: Delay treatment week(s) CBC & Diff, platelets day of treatment For PACLitaxel NAB and CARBOplatin: May proceed with doses as written if within 72 h ANC greater than or equal to 1.5 x 10°/L, Platelets greater than or equal to 100 x 10°/L	DATE: To be given: Cy	cle #:		
□ Delay treatment week(s) □ CBC & Diff, platelets day of treatment For PACLitaxel NAB and CARBOplatin: May proceed with doses as written if within 72 h ANC greater than or equal to 10.5 x 10°/L, Platelets greater than or equal to 10 x 10°/L For DOXOrubicin and cyclophosphamide: May proceed with doses as written if within 72h ANC greater than or equal to 1.5 x 10°/L, Platelets greater than or equal to 90 x 10°/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 □ dexamethasone □ 8 mg or □ 12 mg (select one) PO 30 to 60 minutes prior to treatment AND □ ondansetron 8 mg PO 30 to 60 minutes prior to treatment aprepitant 125 mg PO 30 to 60 minutes prior to treatment aprepitant 125 mg PO 30 to 60 minutes prior to treatment aprepitant 125 mg PO 30 to 60 minutes prior to treatment aprepitant 125 mg PO 30 to 60 minutes prior to treatment ondansetron 8 mg PO 30 to 60 minutes prior to treatment aprepitant 2.5 mg or □ 5 mg or □ 10 mg (select one) PO 30 to 60 minutes prior to treatment □ the treatment □ the treatment □ 10 mg (select one) PO 30 to 60 minutes prior to treatment □ 10 mg (select one) PO 30 to 60 minutes prior to treatment □ 10 mg (select one) PO 30 to 60 minutes prior to treatment □ 10 mg □ 10 mg (select one) PO 30 to 60 minutes prior to treatment □ 10 mg □ 10 mg (select one) PO 30 to 60 minutes prior to treatment □ 10 mg □	Date of Previous Cycle:			
CBC & Diff, platelets day of treatment For PACLitaxel NAB and CARBOplatin: May proceed with doses as written if within 72 h ANC greater than or equal to 1.5 x 10°/L, Platelets greater than or equal to 100 x 10°/L. For DOXOrubicin and cyclophosphamide: May proceed with doses as written if within 72h ANC greater than or equal to 1.5 x 10°/L, Platelets greater than or equal to 90 x 10°/L. Dose modification for:	Number of PACLitaxel doses completed to date:			
For PACLitaxel NAB and CARBOplatin: May proceed with doses as written if within 72 h ANC greater than or equal to 1.5 x 10³/L, Platelets greater than or equal to 100 x 10³/L	☐ Delay treatment week(s)			
May proceed with doses as written if within 72h ANC greater than or equal to 90 x 10 ⁹ /L, Platelets greater than or equal to 90 x 10 ⁹ /L Dose modification for:	For PACLitaxel NAB and CARBOplatin: May proceed with doses as written if within 72 h ANC greater than or equal to 1.5 x 10	⁹ /L, Platelets <u>greater</u>		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm	May proceed with doses as written if within 72h ANC greater than or equal to 1.5 x 10 than or equal to 90 x 109/L			
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm				
dexamethasone				
AND select ONE of the following: aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment aprepitant 125 mg PO 30 to 60 minutes prior to treatment condansetron 8 mg PO 30 to 60 minutes prior to treatment dditional antiemetic required: OLANZapine		·		
select ONE of the following: aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment required: OLANZapine 2.5 mg or 5 mg or 10 mg (select one) PO 30 to 60 minutes prior to treatment Other: **Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 1 to 4** CHEMOTHERAPY: (Note - continued over 2 pages) CYCLE #				
ONE of the following: apreplicatives and possible of minutes prior to treatment additional antiemetic required: OLANZapine 2.5 mg or 5 mg or 10 mg (select one) PO 30 to 60 minutes prior to treatment Other:				
following: netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment oLANZapine 2.5 mg or 5 mg or 10 mg (select one) PO 30 to 60 minutes prior to treatment Other:	ONE of the aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and			
If additional antiemetic required: OLANZapine 2.5 mg or 5 mg or 10 mg (select one) PO 30 to 60 minutes prior to treatment Other: **Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 1 to 4** CHEMOTHERAPY: (Note – continued over 2 pages) CYCLE # PACLitaxel NAB (ABRAXANE) 260 mg/m² x BSA =mg Dose Modification:mg/m² x BSA =mg IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter) CARBOPLATION AUC 6 or 5 or 4 (select one) x (GFR + 25) =mg IV in 100 to 250 mL NS over 30 minutes *** SEE PAGE 2 FOR AC CHEMOTHERAPY CYCLES *** DOCTOR'S SIGNATURE: SIGNATURE:	following: ondansetron 8 mg PO 30 to 60 minutes prior to treatment			
OLANZapine ☐ 2.5 mg or ☐ 5 mg or ☐ 10 mg (select one) PO 30 to 60 minutes prior to treatment Other: **Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 1 to 4** CHEMOTHERAPY: (Note – continued over 2 pages) ☐ CYCLE # PACLitaxel NAB (ABRAXANE) 260 mg/m² x BSA =mg ☐ Dose Modification:mg/m² x BSA =mg IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter) CARBOplatin AUC ☐ 6 or ☐ 5 or ☐ 4 (select one) x (GFR + 25) =mg ☐ Dose Modification:% =mg IV in 100 to 250 mL NS over 30 minutes **** SEE PAGE 2 FOR AC CHEMOTHERAPY CYCLES **** DOCTOR'S SIGNATURE: SIGNATURE:	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment			
Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 1 to 4 CHEMOTHERAPY: (Note – continued over 2 pages) CYCLE # PACLitaxel NAB (ABRAXANE) 260 mg/m² x BSA =mg Dose Modification:mg/m² x BSA =mg IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter) CARBOplatin AUC 6 or 5 or 4 (select one) x (GFR + 25) =mg IV in 100 to 250 mL NS over 30 minutes **** SEE PAGE 2 FOR AC CHEMOTHERAPY CYCLES **** DOCTOR'S SIGNATURE: SIGNATURE:	☐ OLANZapine ☐ 2.5 mg or ☐ 5 mg or ☐ 10 mg (select one) PO 30 to 60 minutes p	orior to treatment		
CHEMOTHERAPY: (Note – continued over 2 pages) CYCLE # PACLitaxel NAB (ABRAXANE) 260 mg/m² x BSA =mg Dose Modification:mg/m² x BSA =mg IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter) CARBOplatin AUC 6 or 5 or 4 (select one) x (GFR + 25) =mg Dose Modification:% =mg IV in 100 to 250 mL NS over 30 minutes *** SEE PAGE 2 FOR AC CHEMOTHERAPY CYCLES *** DOCTOR'S SIGNATURE: SIGNATURE:				
CYCLE #				
□ Dose Modification:mg/m² x BSA =mg IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter) CARBOplatin AUC □ 6 or □ 5 or □ 4 (select one) x (GFR + 25) =mg □ Dose Modification:% =mg IV in 100 to 250 mL NS over 30 minutes **** SEE PAGE 2 FOR AC CHEMOTHERAPY CYCLES **** DOCTOR'S SIGNATURE: SIGNATURE:	, ,			
□ Dose Modification:mg/m² x BSA =mg IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter) CARBOplatin AUC □ 6 or □ 5 or □ 4 (select one) x (GFR + 25) =mg □ Dose Modification:% =mg IV in 100 to 250 mL NS over 30 minutes **** SEE PAGE 2 FOR AC CHEMOTHERAPY CYCLES **** DOCTOR'S SIGNATURE: SIGNATURE:	PACLitaxel NAB (ABRAXANE) 260 mg/m² x BSA = mg			
Dose Modification: % = mg IV in 100 to 250 mL NS over 30 minutes *** SEE PAGE 2 FOR AC CHEMOTHERAPY CYCLES *** DOCTOR'S SIGNATURE: SIGNATURE:	IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; us	e tubing with 15		
DOCTOR'S SIGNATURE: SIGNATURE:	☐ Dose Modification: % = mg			
	*** SEE PAGE 2 FOR AC CHEMOTHERAPY CYCLES ***			
UC:	DOCTOR'S SIGNATURE:	SIGNATURE:		
		UC:		



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DOCTOR'S ORDERS	5		
DATE:	To be given:	Cycle #:	
CHEMOTHERAPY: (Contin	nued)		
<u>OR</u> ☐ CYCLE #			
DOXOrubicin 60 mg/m² x BS ☐ Dose Modification: IV push	SA =mg % = mg/m ²	x BSA = mg	
cyclophosphamide 600 mg/ Dose Modification: IV in 100 to 250 mL NS o	$_{_{_{_{_{_{_{1}}}}}}}$ % = $_{_{_{_{_{_{_{1}}}}}}}$ mg/m ²	x BSA = mg	
RETURN APPOINTMENT ORDERS			
Return in three weeks for	Doctor and Cycle	<u></u>	
☐ Last Cycle. Return in	week(s) after	ast treatment.	
Cycles with PACLitaxel NAB a			
Cycles with DOXOrubicin and CBC & Diff, Platelets prior to			
If clinically indicated: ALT urea	 bilirubin GGT □ creatinine	alkaline phosphatase	
☐ MUGA ☐ Echocardiog	ram		
Other tests:			
☐ Consults:	t for additional requests		
See general orders shee	i ioi auditional requests.		CIONATION
DOCTOR'S SIGNATURE:			SIGNATURE:
			UC: