



Provincial Health Services Authority

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: BRLACPNA

(Page 1 of 2)

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: _____					
Number of PACLitaxel doses completed to date: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> 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 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L For DOXOrubicin and cyclophosphamide: May proceed with doses as written if within 72h ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 90 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 _____.					
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment					
AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment			
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment			
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment			
If additional antiemetic required:					
<input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment					
<input type="checkbox"/> Other: _____					
Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 1 to 4					
CHEMOTHERAPY: (Note – continued over 2 pages)					
<input type="checkbox"/> CYCLE # _____					
PACLitaxel NAB (ABRAXANE) 260 mg/m ² x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ mg/m ² 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 <input type="checkbox"/> 6 or <input type="checkbox"/> 5 or <input type="checkbox"/> 4 (select one) x (GFR + 25) = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg					
IV in 100 to 250 mL NS over 30 minutes					
*** SEE PAGE 2 FOR AC CHEMOTHERAPY CYCLES ***					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:

PROTOCOL CODE: BRLACPNA C

(Page 2 of 2)

DOCTOR'S ORDERS	
DATE:	To be given:
Cycle #:	
CHEMOTHERAPY: (Continued)	
<u>OR</u>	
<input type="checkbox"/> CYCLE # _____	
DOXOrubicin 60 mg/m ² x BSA = _____ mg	
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg	
IV push	
cyclophosphamide 600 mg/m ² x BSA = _____ mg	
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg	
IV in 100 to 250 mL NS over 20 minutes to 1 hour	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____	
<input type="checkbox"/> Last Cycle. Return in _____ week(s) after last treatment.	
<u>Cycles with PACLitaxel NAB and CARBOplatin:</u> CBC & Diff, Platelets, creatinine prior to each cycle.	
<u>Cycles with DOXOrubicin and cyclophosphamide:</u> CBC & Diff, Platelets prior to each cycle.	
If clinically indicated: <input type="checkbox"/> ALT <input type="checkbox"/> bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> urea <input type="checkbox"/> creatinine	
<input type="checkbox"/> MUGA <input type="checkbox"/> Echocardiogram	
<input type="checkbox"/> Other tests:	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: