



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

# PROTOCOL CODE: BRLACTWAC

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<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 For PAClitaxel and CARBOplatin (Days 1, 8, and 15): May proceed with doses as written if within 48 h <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 90 x 10<sup>9</sup>/L</b> For DOXOrubicin and cyclophosphamide: May proceed with doses as written if within 96 h <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 90 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ Proceed with treatment based on blood work from _____					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. 45 Minutes Prior to PAClitaxel: <b>dexamethasone 10 mg</b> IV in NS 50 mL over 15 minutes 30 Minutes Prior to PAClitaxel: <b>diphenhydrAMINE 25 mg</b> IV in NS 50 mL over 15 minutes and <b>famotidine 20 mg</b> IV in NS 100 mL over 15 minutes (Y-site compatible) <b>ondansetron 8 mg</b> PO 30 minutes prior to CARBOplatin <input type="checkbox"/> No pre-medication required (see protocol for guidelines) <b>OR</b> <b>dexamethasone</b> <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> (select one) PO 30 to 60 minutes prior to AC treatment and <b>select ONE</b> of the following:					
<input type="checkbox"/>	<b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to AC treatment				
<input type="checkbox"/>	<b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to AC treatment <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to AC treatment				
<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg</b> PO 30 to 60 minutes prior to AC treatment				
<input type="checkbox"/> <b>Other:</b> _____					
<b>**Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 1 to 4**</b>					
<b>CHEMOTHERAPY: (Note – continued over 2 pages)</b>					
<input type="checkbox"/> <b>CYCLE #</b> _____ (Cycle 1-4)					
<b>PAClitaxel</b> <input type="checkbox"/> <b>80 mg/m<sup>2</sup></b> OR <input type="checkbox"/> _____ <b>mg/m<sup>2</sup></b> (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in <b>100 to 500 mL</b> (non-DEHP bag) NS over 1 hour on <b>Days 1, 8 and 15</b> (use non-DEHP tubing with 0.2 micron in-line filter)					
<b>CARBOplatin AUC</b> <input type="checkbox"/> <b>6</b> or <input type="checkbox"/> <b>5</b> or <input type="checkbox"/> <b>4</b> (select one) x (GFR + 25) = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg IV in 100 to 250 mL NS over 30 minutes on <b>Day 1</b>					
<b>*** SEE PAGE 2 FOR CHEMOTHERAPY CYCLES 5 TO 8 ***</b>					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>

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<b>DOCTOR'S ORDERS</b>		Page 2 of 2
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>
<b>CHEMOTHERAPY continued</b>		
<input type="checkbox"/> <b>CYCLE # _____ (Cycle 5-8)</b>		
<b>DOXOrubicin 60 mg/m<sup>2</sup> x BSA = _____ mg</b>		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push		
<b>cyclophosphamide 600 mg/m<sup>2</sup> x BSA = _____ mg</b>		
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ (Book chemo room weekly x 3 for cycles 1-4; book chemo room every three weeks for AC cycles 5-8, cycle 5 to start week 13)		
<input type="checkbox"/> Last Cycle. Return in _____ week(s) after last treatment.		
<u>Cycles 1 to 4:</u> <b>CBC &amp; Diff, Platelets, Creatinine</b> prior to each cycle. <b>CBC &amp; Diff, Platelets</b> prior to treatment on days 8 and 15.		
<u>Cycles 5 to 8:</u> <b>CBC &amp; Diff, Platelets</b> prior to each cycle.		
If clinically indicated: <input type="checkbox"/> ALT <input type="checkbox"/> Bilirubin <input type="checkbox"/> MUGA <input type="checkbox"/> Echocardiogram		
<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>
		<b>UC:</b>