**DOCTOR’S ORDERS**

| Ht ________ cm | Wt _________ kg | BSA _________ m² |

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

| DATE: | To be given: | Cycle #: |

Date of Previous Cycle:

- Delay treatment ______ week(s)
- CBC & diff, platelets day of treatment

May proceed with doses as written if within 24 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L

If creatinine increases by greater than 20% or rises above the upper limit of normal, recalculate GFR and recalculate CARBOplatin dose using new GFR.

Dose modification for:

- ☐ Hematology
- ☐ Other Toxicity: _____________________________

Procede with treatment based on blood work from _____________________________

**PREMEDICATIONS:**

Patient to take own supply. RN/Pharmacist to confirm ____________________________.

- **45 minutes prior to PACLitaxel:**
  - Dexamethasone 10 mg IV in 50 mL NS over 15 minutes

- **30 minutes prior to PACLitaxel:**
  - DiphenhydrAMINE 25 mg IV and ranitidine 50 mg IV in 50 mL NS over 20 minutes
  - (Compatible up to 3 hours when mixed in bag)

- Ondansetron 8 mg PO 30 minutes prior to CARBOplatin

- ☐ No pre-medication to PACLitaxel required (see protocol for guidelines)

- Dexamethasone ☐ 8 mg or ☐ 12 mg (select one) PO prior to CARBOplatin, if not receiving IV dexamethasone for PACLitaxel

- ☐ Other:

  **“Have Hypersensitivity Reaction Tray and Protocol Available”**

**CHEMOTHERAPY:** Repeat weekly x 5 weeks concurrent with radiation therapy, starting the first day of RT:

- PACLitaxel 50 mg/m² x BSA = ______ mg IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour once weekly x ______ weeks (use non-DEHP tubing with 0.22 micron or smaller in-line filter)

- CARBOplatin AUC 2 x (GFR + 25) = ___________ mg
  - ☐ Dose modification: recalculated GFR ___________ = ___________ mg
  - IV in 250 mL NS over 30 minutes once weekly x ___________ weeks

**RETURN APPOINTMENT ORDERS**

Book Chemo weekly x five weeks concurrent with RT starting the first day of RT.

- ☐ Return in __________ weeks for assessment during chemo/radiation
- ☐ Last Cycle. Return in __________ week(s).

CBC & diff, platelets, creatinine weekly prior to treatment

If clinically indicated: ☐ Bilirubin ☐ ALT ☐ Magnesium

- ☐ Other tests:
- ☐ Consults:
- ☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

| SIGNATURE: |

**UC:**

Created: 3 Jul 2012  Revised: 1 Nov 2020