**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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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:**

- [ ] 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: ____________________________

Proceed 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 or 12 mg (circle 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:
- [ ] Consents:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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**PROTOCOL CODE:** GIE NACTRT

**Created:** 3 Jul 2012          **Revised:** 1 Jun 2019