



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: GIENACTRT

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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: _____				
<input type="checkbox"/> Delay treatment _____ week(s)				
<input type="checkbox"/> CBC & Diff day of treatment				
May proceed with doses as written if within 24 hours ANC greater than or equal to $1.0 \times 10^9/L$, platelets greater than or equal to $50 \times 10^9/L$				
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 _____.				
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 in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)				
ondansetron 8 mg PO 30 minutes prior to CARBOplatin				
<input type="checkbox"/> No pre-medication to PAClitaxel required (see protocol for guidelines)				
<input type="checkbox"/> dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to CARBOplatin, if not receiving IV dexamethasone for PAClitaxel				
<input type="checkbox"/> Other: _____				
Have Hypersensitivity Reaction Tray and Protocol Available				
TREATMENT: Repeat weekly x 5 weeks concurrent with radiation therapy, starting the first day of RT:				
PAClitaxel $50 \text{ mg/m}^2 \times \text{BSA}$ = _____ mg IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour once weekly x _____ weeks (use non-DEHP tubing with 0.2 micron in-line filter)				
CARBOplatin $\text{AUC } 2 \times (\text{GFR} + 25)$ = _____ mg				
<input type="checkbox"/> Dose modification: recalculated GFR _____ = _____ mg				
IV in 100 to 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.				
<input type="checkbox"/> Return in _____ weeks for assessment during chemo/radiation				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, creatinine weekly prior to treatment				
If clinically indicated during treatment: <input type="checkbox"/> total bilirubin weekly <input type="checkbox"/> ALT weekly				
If clinically indicated prior to return appointment:				
<input type="checkbox"/> CEA <input type="checkbox"/> CA19-9 <input type="checkbox"/> ECG				
<input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> albumin <input type="checkbox"/> GGT				
<input type="checkbox"/> sodium <input type="checkbox"/> potassium				
<input type="checkbox"/> INR weekly <input type="checkbox"/> INR monthly				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: