



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: GOCABR

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 72 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L

Dose modification for: Hematology Other Toxicity
Proceed with treatment based on blood work from

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm
dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to CARBOplatin
ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin
Other:

** Have Hypersensitivity Reaction Medications and Protocol Available**

CHEMOTHERAPY:

PACLitaxel NAB (ABRAXANE) 260 mg/m² x BSA = _____ mg
Dose Modification: _____ % = _____ 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 6 or 5 (circle one) x (GFR + 25) = _____ mg
Dose Modification: _____ % = _____ mg
IV in 100 to 250mL NS over 30 minutes.

RETURN APPOINTMENT ORDERS

Return in three weeks, or four weeks for Doctor and Cycle
Last Treatment. Return in _____ week(s).

CBC & Diff, platelets, creatinine prior to next cycle.
If indicated: CBC & Diff, platelets on Day 14 and/or Day 21.
Prior to next cycle, if clinically indicated:
Bilirubin Alk Phos GGT ALT LDH
Tot Prot Albumin
CA 15-3 CA 125 CA 19-9 CEA SCC
Refer to Hereditary Cancer Program (see accompanying referral form)
Other tests:
Consults:
See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: