**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ht</td>
<td>_____ cm</td>
</tr>
<tr>
<td>Wt</td>
<td>_____ kg</td>
</tr>
<tr>
<td>BSA</td>
<td>_____ m²</td>
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</tbody>
</table>

**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 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:**