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: GOCXAJCAT**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht________cm Wt________kg BSA________m²</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
</tr>
</thead>
</table>

Date of Previous Cycle:  
- ☐ Delay treatment ______ week(s)  
- ☐ CBC & Diff, Platelets day of treatment  
- ☐ CBC & Diff, Platelets on __________________

May proceed with doses as written if within 96 hours ANC greater than or equal to $1 \times 10^9$/L, Platelets greater than or equal to $100 \times 10^9$/L.

Dose modification made for:  
- ☐ Hematology  
- ☐ Other Toxicity ____________________________

Proceed with treatment based on blood work from ____________________________

**PREMEDICATIONS:**  
Patient to take own supply. RN/Pharmacist to confirm ____________________________.

- ☐ In Cycle #1 and if hypersensitivity reaction previously observed:  
  - 45 minutes prior to PACLitaxel:  
    - dexamethasone 20 mg IV in 50 mL NS over 15 minutes  
  - 30 minutes prior to PACLitaxel:  
    - diphenhydramINE 50 mg IV and ranitidine 50 mg IV in 50 mL NS over 20 minutes

- ☐ If no hypersensitivity reaction was observed in Cycle 1, give in place of dexamethasone/diphenhydramINE/ranitidine option above:  
  - dexamethasone 12 mg or 8 mg (circle one) PO prior to PACLitaxel

30 minutes prior to CARBOplatin, with either of the above options, give:  
- ondansetron 8 mg PO x1.

☐ Other:  
**Have Hypersensitivity Reaction Tray and Protocol Available**

**CHEMOTHERAPY:**

- PACLitaxel 175 mg/m² or 155 mg/m² or 135 mg/m² (circle one) x BSA = __________ mg  
  - ☐ Dose Modification: 80 % of previous dose = __________ mg  
  - IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use Non DEHP tubing with 0.22 micron or smaller in-line filter)

- CARBOplatin AUC 6 or 5 (circle one) x (GFR + 25) x = __________ mg  
  - ☐ Dose Modification: 80 % of previous dose = __________ mg  
  - IV in 250 mL NS over 30 minutes

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

UC:

BC Cancer Provincial Preprinted Order GOCXAJCAT  
Created: 1 Aug 2014  Revised: 1 Dec 2018 (page 1 to 2 formatting)
**RETURN APPOINTMENT ORDERS**

Return in ☐ three weeks, or ☐ four weeks for Doctor and Cycle _________
☐ Last Treatment of GOCXAJCAT. Return for GOCXCRT: book to start within 3 days of radiation therapy start.

CBC & Diff, Platelets, Creatinine prior to next cycle.

*(optional)* CBC & Diff, Platelets on ☐ Day 14 ☐ Day 21

Prior to next cycle, if clinically indicated:

☐ Potassium ☐ Magnesium

☐ Bilirubin ☐ Alk Phos ☐ GGT ☐ ALT ☐ AST
☐ LDH ☐ Tot Prot ☐ Albumin

☐ CA 15-3 ☐ CA 125 ☐ CA 19-9 ☐ CEA ☐ SCC

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**