

PROTOCOL CODE: GOCXCAT

Page 1 of 1

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 96 hours ANC greater than or equal to $1.0 \times 10^9/L$, Platelets greater than or equal to $100 \times 10^9/L$ 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 _____. <u>45 minutes prior to PACLitaxel:</u> dexamethasone 20 mg IV in 50 mL NS over 15 minutes <u>30 minutes prior to PACLitaxel:</u> diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">AND select ONE of the following:</td> <td style="padding: 5px;"><input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin</td> </tr> </table> If additional antiemetic required: <input type="checkbox"/> OLANZapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to CARBOplatin <input type="checkbox"/> Other: _____			AND select ONE of the following:	<input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin		<input type="checkbox"/> aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin		<input type="checkbox"/> netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin
AND select ONE of the following:	<input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin							
	<input type="checkbox"/> aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin							
	<input type="checkbox"/> netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin							
Have Hypersensitivity Reaction Tray and Protocol Available								
TREATMENT: PACLitaxel <input type="checkbox"/> 175 mg/m² or <input type="checkbox"/> 155 mg/m² or <input type="checkbox"/> 135 mg/m² (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use Non DEHP tubing with 0.2 micron in-line filter) CARBOplatin AUC <input type="checkbox"/> 6 or <input type="checkbox"/> 5 (select one) x (GFR + 25) x = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg IV in 100 to 250 mL NS over 30 minutes								
RETURN APPOINTMENT ORDERS								
Return in <input type="checkbox"/> three weeks, or <input type="checkbox"/> four weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Treatment. Return in _____ week(s).								
CBC & Diff on <input type="checkbox"/> Day 14 <input type="checkbox"/> Day 21 (in Cycle 1 and if a dose change is made) CBC & Diff, creatinine prior to next cycle. Prior to next cycle, if clinically indicated: <input type="checkbox"/> total bilirubin <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> ALT <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CEA <input type="checkbox"/> SCC <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.								
DOCTOR'S SIGNATURE:		SIGNATURE: UC:						