



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: GOENDCAT

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 96 hours **ANC greater than or equal to 1.0 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 _____.

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 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**.

Other: _____

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY:

PACLitaxel **175 mg/m²** *or* _____ **mg/m²** (select one) x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter)

CARBOplatin AUC **6** *or* **5** (select 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 this is Cycle 1: **CBC & Diff, Platelets** on Days 14 (and 21 if four-week return).*

*In subsequent cycles, 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**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: