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

<table>
<thead>
<tr>
<th>Ht</th>
<th>Wt</th>
<th>BSA</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

May proceed with doses as written if within 96 hours ANC **greater than or equal to** 1 x 10^9/L, Platelets **greater than or equal to** 100 x 10^9/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 and ranitidine 50 mg IV in 50 mL NS over 20 minutes
- ondansetron 8 mg PO 30 minutes prior to CARBOplatin.
- □ Other:

**Have Hypersensitivity Reaction Tray and Protocol Available**

### CHEMOTHERAPY:

PACLItaxel □ 175 mg/m^2 or □ _______ mg/m^2 *(select one)* x BSA = _______ mg

- □ Dose Modification: _______% = _______ mg/m^2 x BSA = _______ mg
- IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.22 micron or smaller in-line filter)

CARBOplatin AUC □ 6 or □ 5 *(select one)* x (GFR + 25) = _______ mg

- □ Dose Modification: _______% = _______ mg
- IV in 250mL NS over 30 minutes.

### RETURN APPOINTMENT ORDERS

- □ 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 □ AST □ 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:**