**PROTOCOL CODE:** GOENDCAT

**DOCTOR'S ORDERS**

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
</tr>
</thead>
</table>

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

**DATE:**

<table>
<thead>
<tr>
<th>To be given:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle #:</td>
</tr>
</tbody>
</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 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 PACItaxel:**
  - Dexamethasone 20 mg IV in 50 mL NS over 15 minutes

- [ ] **30 minutes prior to PACItaxel:**
  - 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:**

- [ ] PACItaxel 175 mg/m² or ________ mg/m² (circle 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 0.22 micron or smaller in-line 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 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: