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: GOOVCA**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
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**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 $1.5 \times 10^9$/L, Platelets greater than or equal to $100 \times 10^9$/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 ________________________________.

- Dexamethasone 8 mg PO BID for 3 days, starting one day prior to each treatment; patient must receive minimum of three doses pre-treatment
- Ondansetron 8 mg PO 30 minutes prior to CARBOplatin

Optional: Frozen gloves starting 15 minutes before DOCEtaxel infusion until 15 minutes after end of DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing.

- [ ] Other:

**CHEMOTHERAPY:**

**GIVE DOCEtaxel FIRST**

**DOCEtaxel 75 mg/m² or 60 mg/m² (circle one) x BSA = ________ mg**

- [ ] Dose Modification: ________% = ________ mg/m² x BSA = ________ mg

IV in 250 to 500 mL (non-DEHP bag) NS over 1 hour. (Use non-DEHP tubing)

**CARBOplatin AUC 5 or 4 (circle one) x (GFR + 25) = ________ mg**

- [ ] Dose Modification: ________% = ________ mg

IV in 250mL NS over 30 minutes.

**RETURN APPOINTMENT ORDERS**

- [ ] Return in three weeks for Doctor and Cycle ________
- [ ] Last Cycle. Return in _______ week(s).

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

*If this is Cycle 1: CBC & Diff, Platelets on Day 14.*

*In subsequent cycles, if indicated:* □ CBC & Diff, Platelets on Day 14.

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

**Consults:**

- [ ] Other tests:

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**