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:

☐ 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 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 ____________________________.

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:

**Have Hypersensitivity Reaction Tray and Protocol Available**

CHEMOTHERAPY:

GIVE DOCEtaxel FIRST

DOCEtaxel 75 mg/m^2 or 60 mg/m^2 (circle one) x BSA =(405,624),(559,638) mg

☐ Dose Modification: ________% = ________ mg/m^2 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

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE:  

SIGNATURE:  

UC: