**BC Cancer Provincial Preprinted Order**

**GOOVCAD**

**PROTOCOL CODE: GOOVCAD**

### DOCTOR’S ORDERS

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

  **Have Hypersensitivity Reaction Tray and Protocol Available**

**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 ________
- □ Return in **four** 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 7 & 14.
- If this is Cycle 1 and indicated: □ CT Scan chest/abdo/pelvis between Cycles 2 & 3
  - □ Referral to Gyne Onc Surgeons after CT Scan
  - In subsequent cycles, if indicated: □ CBC & Diff, Platelets on Day 7 & 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:
  - See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**