



Provincial Health Services Authority

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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: GOOVCAD**

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/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<sup>2</sup> or**  **60 mg/m<sup>2</sup> (select one)** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> 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 (select one)** x (GFR + 25) = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

IV in 100 to 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**  **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:**