**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: GOOVCARB**

**DOCTOR’S ORDERS**

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

**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** $1 \times 10^9$/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 or 12 mg (circle one) PO prior to treatment.
- Ondansetron 8 mg PO prior to treatment.
- [ ] Other:

**CHEMOTHERAPY:**

CARBOplatin AUC 6 or 5 (circle one) x (GFR + 25) = _________ mg

- [ ] Dose Modification: ______% = _________ mg

IV in 250 mL NS over 30 minutes.

**RETURN APPOINTMENT ORDERS**

- [ ] Return in **four** weeks for Doctor and Cycle _________
- [ ] Last Cycle. Return in _______ week(s).

**CBC & Diff, Platelets**

- [ ] Day 14
- [ ] Day 21

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

*If this is Cycle 1 and indicated:*

- [ ] CT Scan chest/abdo/pelvis between Cycles 2 & 3
- [ ] Referral to Gyne Onc Surgeons after CT Scan

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

- [ ] Refer to Hereditary Cancer Program (see accompanying referral form)

- [ ] Other tests:
- [ ] Consults:

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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BC Cancer Provincial Preprinted Order GOOVCARB
Created: April 4th, 2005  Revised: 1 Dec 2018 (Gyne Onc Referral and CT)