



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 and according to acceptable standards of care

PROTOCOL CODE: GOOVCATR

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/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 _____.

45 minutes prior to PACLitaxel:

dexamethasone 20 mg IV in 50 mL NS over 15 minutes

30 minutes prior to PACLitaxel:

diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)

ondansetron 8 mg PO 30 minutes prior to CARBOplatin.

Other:

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY:

PACLitaxel 175 mg/m² or _____ mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use non-DEHP tubing with 0.2 micron in-line filter)

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

Dose Modification: _____ % = _____ mg
IV in 100 to 250 mL NS over 30 minutes.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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DATE:	
RETURN APPOINTMENT ORDERS	
<p>Return in <input type="checkbox"/> three weeks, or <input type="checkbox"/> four weeks for Doctor and Cycle _____</p> <p><input type="checkbox"/> Last Treatment. Return in _____ week(s).</p>	
<p>CBC & Diff, Platelets, Creatinine prior to next cycle.</p> <p><i>If this is Cycle 1: CBC & Diff, Platelets</i> on Day 14.</p> <p><i>If this is Cycle 1 and RTC is in 4 weeks: CBC & Diff, Platelets</i> on Day 21.</p> <p><i>In subsequent cycles, if indicated: CBC & Diff, Platelets</i> on <input type="checkbox"/> Day 14 and/or <input type="checkbox"/> Day 21.</p> <p><input type="checkbox"/> Prior to next cycle, if clinically indicated:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Bilirubin <input type="checkbox"/> Alk Phos <input type="checkbox"/> GGT <input type="checkbox"/> ALT <input type="checkbox"/> LDH</p> <p style="padding-left: 40px;"><input type="checkbox"/> Tot Prot <input type="checkbox"/> Albumin</p> <p style="padding-left: 40px;"><input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 19-9</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Consults:</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: