

**PROTOCOL CODE: GOOVCATX**

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**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** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to  $1.0 \times 10^9/L$ , 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 \_\_\_\_\_.

**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)

|   |                          |   |
|---|--------------------------|---|
| AND select <b>ONE</b> of the following: | <input type="checkbox"/> | <b>ondansetron 8 mg PO</b> 30 to 60 minutes prior to CARBOplatin  |
|   | <input type="checkbox"/> | <b>aprepitant 125 mg PO</b> 30 to 60 minutes prior to CARBOplatin, and <b>ondansetron 8 mg PO</b> 30 to 60 minutes prior to CARBOplatin |
|   | <input type="checkbox"/> | <b>netupitant-palonosetron 300 mg-0.5 mg PO</b> 30 to 60 minutes prior to CARBOplatin   |

If additional antiemetic required:

☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to CARBOplatin

☐ **Other:**

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

**TREATMENT:**

**PACLitaxel** ☐ **175 mg/m<sup>2</sup>** OR ☐ \_\_\_\_\_ **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 3 hours. (Use non-DEHP tubing with 0.2 micron in-line filter)

**CARBOplatin AUC** ☐ **6** or ☐ **5** (select 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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|  |                                     |
|--|-------------------------------------|
| <b>DATE:</b>   |                                     |
| <b>RETURN APPOINTMENT ORDERS</b>   |                                     |
| Return in <input type="checkbox"/> <b>three</b> weeks, or <input type="checkbox"/> <b>four</b> weeks for Doctor and Cycle _____<br><input type="checkbox"/> Last Treatment. Return in _____ week(s).   |                                     |
| <p><b>CBC &amp; Diff, creatinine</b> prior to next cycle.</p> <p><i>If this is Cycle 1: <b>CBC &amp; Diff</b> on Day 14.</i></p> <p><i>If this is Cycle 1 and indicated:</i> <input type="checkbox"/> CT Scan chest/abdo/pelvis between Cycles 2 &amp; 3<br/> <input type="checkbox"/> Referral to Gyne Onc Surgeons after CT Scan</p> <p><i>If this is Cycle 1 and RTC is in 4 weeks: <b>CBC &amp; Diff</b> on Day 21.</i></p> <p><i>In subsequent cycles, if indicated: <b>CBC &amp; Diff</b> on <input type="checkbox"/> Day 14 and/or <input type="checkbox"/> Day 21.</i></p> <p>Prior to next cycle, if clinically indicated:</p> <p><input type="checkbox"/> <b>total bilirubin</b> <input type="checkbox"/> <b>alkaline phosphatase</b> <input type="checkbox"/> <b>ALT</b><br/> <input type="checkbox"/> <b>CA 15-3</b> <input type="checkbox"/> <b>CA 125</b> <input type="checkbox"/> <b>CA 19-9</b> <input type="checkbox"/> <b>CEA</b></p> <p><input type="checkbox"/> <b>Refer to Hereditary Cancer Program (see accompanying referral form)</b></p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests.</b></p> |                                     |
| <b>DOCTOR'S SIGNATURE:</b>   | <b>SIGNATURE:</b><br><br><b>UC:</b> |