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: GOOVDDCAT**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht________cm</th>
<th>Wt________kg</th>
<th>BSA________m²</th>
</tr>
</thead>
</table>

**REMEMBER:** 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

On Day 1: May proceed with doses as written if within 24 hours **ANC greater than or equal to 1.0 x 10⁹/L**, **Platelets greater than or equal to 100 x 10⁹/L**

On Days 8 and 15: May proceed with doses as written if within 24 hours **ANC greater than or equal to 0.5 x 10⁹/L**, **Platelets greater than or equal to 50 x 10⁹/L**

**Dose modification for:**
- [ ] Hematology
- [ ] Other Toxicity

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm ________________________________________.

- **Ondansetron** 8 mg PO 30 minutes prior to **CARBOplatin.**
- 45 minutes prior to **PACLitaxel:**
  - Dexamethasone 10 mg IV in 50 mL NS over 15 minutes
- 30 minutes prior to **PACLitaxel:**
  - DiphenhydrAMINE 25 mg IV and **ranitidine** 50 mg IV in 50 mL NS over 20 minutes

**CHEMOTHERAPY:**

#### DAY 1

- **PACLitaxel**
  - 70 mg/m² or 60 mg/m² or 50 mg/m² or _______ mg/m² (select one) x BSA = _______ mg
  - Dose Modification: ______% = ______ mg/m² x BSA = ______ mg

  - IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour use non-DEHP tubing with 0.22 micron or smaller in-line filter.

- **CARBOplatin**
  - AUC [ ] 6 or [ ] 5 or [ ] 4 (select one) x (GFR + 25) = _______ mg
  - Dose Modification: ______% = ______ mg

  - IV in 250 mL NS over 30 minutes.

#### DAY 8 and 15

- **PACLitaxel**
  - 70 mg/m² or 60 mg/m² or 50 mg/m² or _______ mg/m² (select one) x BSA = _______ mg
  - Dose Modification: ______% = ______ mg/m² x BSA = _______ mg

  - IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour (use non-DEHP tubing with 0.22 micron or smaller in-line filter).

**If DOSE MODIFICATION REQUIRED ON DAY 8 OR DAY 15:**

- **PACLitaxel**
  - 60 mg/m² or 50 mg/m² or _______ mg/m² (select one) x BSA = _______ mg

  - IV in 250 mL (non-DEHP bag) NS over 1 hour (use non-DEHP tubing with 0.22 micron or smaller in-line filter) once weekly x [ ] ONE or [ ] TWO weeks (select one)

---

**DOCTOR’S SIGNATURE & DATE MODIFICATION MADE:**

**RN:**

**UC:**

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BC Cancer Provincial Preprinted Order GOOVDDCAT

Created: 1 May 2012    Revised: 1 Nov 2020
**PROTOCOL CODE: GOOVDDCAT**

**DATE:**

<table>
<thead>
<tr>
<th>RETURN APPOINTMENT ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Return in <strong>three</strong> weeks for Doctor and Cycle____. Book chemo room weekly x 3.</td>
</tr>
<tr>
<td>☐ Delay next cycle until _____weeks after surgery.</td>
</tr>
<tr>
<td>☐ Book Doctor and tentative Cycle____. Obtain O.R. and Pathology Reports in time for RTC.</td>
</tr>
<tr>
<td>☐ Last Treatment. Return in ______ week(s).</td>
</tr>
</tbody>
</table>

**CBC & Diff, Platelets** prior to each treatment on Days 1, 8, 15.

*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
- ☐ Creatinine
- ☐ CA 15-3
- ☐ CA 125
- ☐ CA 19-9
- ☐ Magnesium

☐ For RTC post-surgery: **CBC & Diff, Platelets, Creatinine, CA 125.**

☐ Refer to Hereditary Cancer Program (see accompanying referral form)

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

| RN: |
| UC: |