PROTOCOL CODE: GOOVFPLDC

DOCTOR'S ORDERS

Ht_____cm Wt_____kg BSA_____m^2

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 10^9/L, Platelets greater than or equal to 100 x 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 _____.

If ***prior*** infusion reaction: **45 minutes prior to DOXOrubicin pegylated liposomal:**
☐ **dexamethasone 20 mg** IV in 50 mL NS over 15 minutes
30 minutes prior to DOXOrubicin pegylated liposomal:
☐ **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.**
dexamethasone 8 mg PO 30 minutes prior to **CARBOplatin**.
☐ **Other:**

****Have Hypersensitivity Reaction Medications and Protocol Available****

CHEMOTHERAPY:
All lines to be primed with D5W (CARBOplatin is compatible with both NS and D5W)

DOXOrubicin pegylated liposomal 30 mg/m^2 *or* **25 mg/m^2** *(select one)* x BSA =_____ mg
☐ Dose Modification: _____mg/m^2 x BSA = _____mg
IV in 250 mL D5W over 1 h*
*In Cycle 1, infuse over at least 1 h (maximum 1mg/min). For subsequent doses and no prior reaction, infuse over 1 h.

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 four weeks for Doctor and Cycle _____
☐ Last Treatment. Return in _____ week(s).

Cycle 1: CBC & Diff, Platelets, Creatinine prior to Day 1, and **CBC & Diff, Platelets** on Days 14, and 21.
If this is Cycle 1 and indicated: ☐CT Scan chest/abdo/pelvis between Cycles 2 & 3
☐ Referral to Gyne Onc Surgeons after CT Scan
Subsequent cycles: CBC & Diff, Platelets, Creatinine prior to Day 1;
if indicated, also on ☐ Day 14 and/or ☐ Day 21.
Prior to next cycle, if clinically indicated:
☐ **Bilirubin** ☐ **Alk Phos** ☐ **GGT** ☐ **ALT** ☐ **LDH** ☐ **Tot Prot** ☐**Albumin**
☐ **CA 15-3** ☐ **CA 125** ☐ **CA 19-9**
☐ **Refer to Hereditary Cancer Program (see accompanying referral form)**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:
UC: