



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: GOOVIPPC**

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<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 24 hours <b>ANC <u>greater than or equal to</u> 1.5 x 10<sup>9</sup>/L, Platelets <u>greater than or equal to</u> 100 x 10<sup>9</sup>/L</b> Proceed with treatment based on blood work from _____ Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.					
<b>DAY 1:</b>					
<u>45 minutes prior to PACLitaxel:</u> <b>dexamethasone 20 mg</b> IV in 50 mL NS over 15 minutes (unless <b>dexamethasone 20 mg</b> PO 12-hours and 6-hours before PACLitaxel has been given)					
<u>30 minutes prior to PACLitaxel:</u> <b>diphenhydrAMINE 50 mg</b> IV in NS 50 mL over 15 minutes and <b>famotidine 20 mg</b> IV in NS 100 mL over 15 minutes (Y-site compatible)					
<b>ondansetron 8 mg</b> PO 30 minutes prior to CARBOplatin (Day 1 only)					
<b>DAY 8:</b>					
<u>45 minutes prior to PACLitaxel:</u> <b>dexamethasone 10 mg</b> IV in 50 mL NS over 15 minutes (unless <b>dexamethasone 20 mg</b> PO 12-hours and 6-hours before PACLitaxel has been given)					
<u>30 minutes prior to PACLitaxel:</u> <b>diphenhydrAMINE 25 mg</b> IV in NS 50 mL over 15 minutes and <b>famotidine 20 mg</b> IV in NS 100 mL over 15 minutes (Y-site compatible)					
<input type="checkbox"/> <b>Other:</b>					
<b>DOCTOR'S SIGNATURE:</b>					<b>UC SIGNATURE:</b>

