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 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 ___________________________.

If prior infusion reaction: 45 minutes prior to DOXOrubicin pegylated liposomal (CAELYX):

☐ dexamethasone 20 mg IV in 50 mL NS over 15 minutes
☐ 30 minutes prior to DOXOrubicin pegylated liposomal (CAELYX):
☐ diphenhydrAMINE 50 mg IV and ranitidine 50 mg IV in 50 mL NS over 20 minutes

ondansetron 8 mg PO 30 minutes prior to CARBOplatin.

dexamethasone 8 mg PO 30 minutes prior to CARBOplatin.

☐ Other:

**Have Hypersensitivity Reaction Tray and Protocol Available**

CHEMOTHERAPY:

All lines to be primed with D5W

DOXOrubicin pegylated liposomal (CAELYX) 30 mg/m² or 25 mg/m² (circle one) x BSA =_______mg

☐ Dose Modification: _________mg/m² 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 (circle one) x (GFR + 25) = _________mg

☐ Dose Modification: _________% = _________mg

IV in 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.

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  ☐ AST  ☐ LDH
☐ Tot Prot  ☐ Albumin
☐ CA 15-3  ☐ CA 125  ☐ CA 19-9  ☐ CEA

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE:

SIGNATURE: UC:

BC Cancer Provincial Preprinted Order GOOVPLDC
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