**PROTOCOL CODE: GOOVTTAX3**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<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:**

<table>
<thead>
<tr>
<th>To be given:</th>
<th>Cycle #:</th>
</tr>
</thead>
</table>

**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 100 x 10⁹/L**

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

**Proceed with treatment based on blood work from**

**PREMEDICATIONS:**

- **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 and Ranitidine 50 mg IV in 50 mL NS over 20 minutes.

- [ ] Other:

  **Have Hypersensitivity Reaction Tray and Protocol Available**

**CHEMOTHERAPY:**

- PACLitaxel 175 mg/m² or 135 mg/m² (circle one) x BSA = __________mg

- Dose Modification: __________mg/m² x BSA = __________mg

- IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours.
  - (Use non DEHP tubing with 0.22 micron or smaller in-line filter)

**RETURN APPOINTMENT ORDERS**

- [ ] Return in three weeks for Doctor and Cycle _________
- [ ] Last Cycle. Return in _________ weeks.

**CBC & Diff, Platelets prior to each cycle**

If clinically indicated:  
- [ ] Bilirubin
- [ ] ALT

- [ ] Other tests:

- [ ] Consults:

- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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BC Cancer Agency Provincial Preprinted Order GOOVTTAX3  
Created: April 4th, 2005  
Revised: 1 Aug 2016