

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 and according to acceptable standards of care

PROTOCOL CODE: HNLACARTW

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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:			Сус	le #:	
Date of Previous Cycle:						
☐ Delay treatment week(s) ☐ Day of treatment: CBC & Diff						
May proceed with doses as written, if within 24 hours ANC greater than or equal to 1.0 x 10 ⁹ /L and Platelets greater than or equal to 50 x 10 ⁹ /L						
Dose modification for: Hematolo Proceed with treatment based on bloom	gy ☐ Other od work from					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm						
ondansetron 8 mg PO 30 to 60 minute dexamethasone 8 mg PO 30 to 60 min ☐ Other						
** Have Hypersensitivity Reaction Tray and Protocol Available**						
TREATMENT: CARBOplatin AUC 2 x (GFR + 25) = mg IV in 100 to 250 mL NS over 30 minutes once weekly x weeks						
RETURN APPOINTMENT ORDERS						
Return in weeks for Doctor at Last Cycle. Return in weeks		ook chem	ıo weekl	ly x 7 weeks	total	
CBC & diff, platelets, creatinine, elec magnesium, calcium, and phosphat			•	ium,		
☐ If clinically indicated: ☐ ALT ☐ bil	irubin					
☐ Other tests:						
☐ Consults:						
See general orders sheet for addi	tional requests.					
DOCTOR'S SIGNATURE:						SIGNATURE:
						UC: