



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: HNLACART**

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
<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"/> Day of treatment: <b>CBC &amp; Diff</b>				
May proceed with doses as written, if within 24 hours <b>ANC <u>greater than or equal to</u> 1.0 x 10<sup>9</sup>/L</b> and <b>Platelets <u>greater than or equal to</u> 50 x 10<sup>9</sup>/L</b>				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.				
ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin				
dexamethasone 8 mg PO 30 to 60 minutes prior to CARBOplatin				
<input type="checkbox"/> Other				
<b>** Have Hypersensitivity Reaction Tray and Protocol Available**</b>				
<b>TREATMENT:</b>				
CARBOplatin AUC 2 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes once weekly x _____ weeks				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____. Book chemo weekly x 7 weeks total <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; diff, platelets, creatinine, electrolytes including sodium, potassium, magnesium, calcium, and phosphate, albumin</b> prior to each treatment				
<input type="checkbox"/> If clinically indicated: <input type="checkbox"/> ALT <input type="checkbox"/> bilirubin				
<input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>