

**PROTOCOL CODE: HNAVPC**

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**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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, creatinine, alkaline phosphatase, ALT, total bilirubin** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 100 x 10<sup>9</sup>/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 \_\_\_\_\_.

**45 Minutes Prior To PACLitaxel:**

**dexamethasone 20 mg IV in NS 50 mL over 15 minutes**

**30 Minutes Prior To PACLitaxel:**

**diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)**

AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin

If additional antiemetic required:

**OLANzapine**  **2.5 mg** or  **5 mg** or  **10 mg** (select one) PO 30 to 60 minutes prior to CARBOplatin

**Other:** \_\_\_\_\_

**\*\*Have Hypersensitivity Reaction Tray and Protocol Available\*\***

**CHEMOTHERAPY:**

**PACLitaxel 175 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in NS 250 to 500 mL (use non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter)

**CARBOplatin AUC**  **5** or  **6** (select one) x (GFR + 25) = \_\_\_\_\_ mg

IV in NS 100 to 250 mL over 30 minutes

**RETURN APPOINTMENT ORDERS**

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_

Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC and Diff, creatinine, alkaline phosphatase, ALT, total bilirubin** prior to each cycle

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**