**PROTOCOL CODE: LUAVPC**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
</table>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

<table>
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<tr>
<th>To be given:</th>
<th>Cycle #:</th>
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**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 ___________________________.**

**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
- ondansetron 8 mg PO prior to CARBOplatin

- [ ] Other:

**CHEMOTHERAPY:**

**PACLitaxel 200 mg/m² x BSA = __________ mg**

- [ ] Dose Modification: _______% = ______ mg/m² x BSA = ______ mg

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

**CARBOplatin AUC 6 x (GFR + 25) = __________ mg**

- [ ] Dose Modification: _______% = ______ mg

IV in 250 mL NS over 30 minutes

### RETURN APPOINTMENT ORDERS

- [ ] Return in **three** weeks for Doctor and Cycle _________
- [ ] Last Cycle. Return in ______ week(s).

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

If clinically indicated: [ ] Billirubin [ ] ALT [ ] Alk Phos [ ] LDH

[ ] Other tests:

[ ] Consults:

[ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**