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: LULACATRT

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: Cycle #:

Date of Previous Cycle:

☐ Delay treatment ______ week(s)
☐ CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 24 hours ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 50 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 ___________________________.

CONCURRENT CHEMO:

45 minutes prior to PACLitaxel: dexamethasone 10 mg IV in 50 mL NS over 15 minutes

30 minutes prior to PACLitaxel: diphenhydrAMINE 25 mg IV and ranitidine 50 mg IV in 50 mL NS over 20 minutes

☐ No pre-medication to PACLitaxel required (see protocol for guidelines)

ondansetron 8 mg PO 30 minutes prior to CARBOplatin

If IV dexamethasone not given for PACLitaxel, give dexamethasone 8 or 12 mg (circle one) PO prior to CARBOplatin

CONSOLIDATION CHEMO:

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:

**Have Hypersensitivity Reaction Tray and Protocol Available**

CHEMOTHERAPY:

Concurrent with radiation therapy (note: lower drug doses with weekly dosing schedule)

PACLitaxel 45 mg/m² x BSA = ______ mg

IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour once weekly x _____ weeks (use non-DEHP equipment and 0.22 micron or smaller in-line filter)

CARBOplatin AUC 2 x (GFR + 25) = ______ mg

☐ Dose modification: recalculated GFR ______ = ______ mg

IV in 250 mL NS over 30 minutes once weekly x ______ weeks

OPTIONAL: Consolidation chemotherapy (note: regular drug doses with 3-weekly dosing schedule)

PACLitaxel 200 mg/m² x BSA = ______ mg

☐ Dose Modification: _____ % = ______ mg/m² x BSA = ______ mg

IV in 500 mL (non-DEHP bag) NS over 3 hours every 3 weeks (use non-DEHP equipment and 0.22 micron or smaller in-line filter)

CARBOplatin AUC 6 x (GFR + 25) x = ________ mg

☐ Dose Modification: _____ % of previous dose = ______ mg

IV in 250 mL NS over 30 minutes every 3 weeks

DOCTOR’S SIGNATURE: SIGNATURE:

UC:
**RETURN APPOINTMENT ORDERS**

<table>
<thead>
<tr>
<th><strong>Book chemo weekly x six weeks concurrent with RT starting the first day of RT</strong></th>
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</thead>
<tbody>
<tr>
<td>☐ Return in _______ weeks for assessment during chemo/radiation</td>
</tr>
<tr>
<td>☐ Return <strong>four</strong> weeks after completion of RT for cycle 2 (consolidation chemo)</td>
</tr>
<tr>
<td>☐ Return in <strong>three</strong> weeks for cycle 3</td>
</tr>
<tr>
<td>☐ Last Cycle. Return in _______ week(s).</td>
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</tbody>
</table>

**CBC & Diff, Platelets, creatinine weekly prior to treatment**

If clinically indicated:

- ☐ Bilirubin
- ☐ ALT
- ☐ Magnesium

**Other tests:**

- ☐ Consults:
- ☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**