

**PROTOCOL CODE: LULACATRT**

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<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"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 24 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ Proceed with treatment based on blood work from _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.		
<b>CONCURRENT CHEMO:</b> <b>45 minutes prior to PAClitaxel:</b> dexamethasone 10 mg IV in 50 mL NS over 15 minutes <b>30 minutes prior to PAClitaxel:</b> diphenhydrAMINE 25 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible) <input type="checkbox"/> <b>No pre-medication to PAClitaxel required</b> (see protocol for guidelines) ondansetron 8 mg PO 30 minutes prior to CARBOplatin If IV dexamethasone not given for PAClitaxel, give dexamethasone <input type="checkbox"/> 8 or <input type="checkbox"/> 12 mg (select one) PO prior to CARBOplatin		
<b>CONSOLIDATION CHEMO:</b> <b>45 Minutes Prior To PAClitaxel:</b> dexamethasone 20 mg IV in 50 mL NS over 15 minutes <b>30 Minutes Prior To PAClitaxel:</b> 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) ondansetron 8 mg PO prior to CARBOplatin <input type="checkbox"/> <b>Other:</b> _____		
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>		
<b>CHEMOTHERAPY:</b> <b>Concurrent with radiation therapy (note: lower drug doses with weekly dosing schedule)</b> <b>PAClitaxel 45 mg/m<sup>2</sup> x BSA = _____ mg</b> IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour <u>once weekly</u> x _____ weeks (use non-DEHP equipment and 0.2 micron in-line filter) <b>CARBOplatin AUC 2 x (GFR + 25) = _____ mg</b> <input type="checkbox"/> Dose modification: recalculated GFR _____ = _____ mg IV in 100 to 250 mL NS over 30 minutes <u>once weekly</u> x _____ weeks <b>OPTIONAL: Consolidation chemotherapy (note: regular drug doses with 3-weekly dosing schedule)</b> <b>PAClitaxel 200 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours <u>every 3 weeks</u> (use non-DEHP equipment and 0.2 micron in-line filter) <b>CARBOplatin AUC 6 x (GFR + 25) x = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % of previous dose = _____ mg IV in 100 to 250 mL NS over 30 minutes <u>every 3 weeks</u>		
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>	
	<b>UC:</b>	

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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<p>Book chemo weekly x <b>six</b> weeks concurrent with RT starting the first day of RT</p> <p><input type="checkbox"/> Return in _____ weeks for assessment during chemo/radiation</p> <p><input type="checkbox"/> Return <b>four</b> weeks <b>after completion of RT</b> for cycle 2 (consolidation chemo)</p> <p><input type="checkbox"/> Return in <b>three</b> weeks for cycle 3</p> <p><input type="checkbox"/> Last Cycle. Return in _____ week(s).</p>	
<p><b>CBC &amp; Diff, Platelets, creatinine</b> weekly prior to treatment</p> <p>If clinically indicated:    <input type="checkbox"/> <b>Bilirubin</b>    <input type="checkbox"/> <b>ALT</b>    <input type="checkbox"/> <b>Magnesium</b></p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests.</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>