



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 and according to acceptable standards of care

PROTOCOL CODE: GOOVIPPC

(Page 1 of 2)

DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE:	To be given:	Cycle #:
Date of Previous Cycle:		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L Proceed with treatment based on blood work from _____ Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.		
DAY 1:		
<u>45 minutes prior to PACLitaxel:</u> dexamethasone 20 mg IV in 50 mL NS over 15 minutes (unless dexamethasone 20 mg PO 12-hours and 6-hours before PACLitaxel has been given)		
<u>30 minutes prior to PACLitaxel:</u> 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: <input type="checkbox"/> OLANZapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to CARBOplatin		
DAY 8:		
<u>45 minutes prior to PACLitaxel:</u> dexamethasone 10 mg IV in 50 mL NS over 15 minutes (unless dexamethasone 20 mg PO 12-hours and 6-hours before PACLitaxel has been given)		
<u>30 minutes prior to PACLitaxel:</u> 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"/> Other:		
DOCTOR'S SIGNATURE:		UC SIGNATURE:



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 and according to acceptable standards of care

PROTOCOL CODE: GOOVIPPC

(Page 2 of 2)

DATE:	
** Have Hypersensitivity Reaction Tray and Protocol Available **	
CHEMOTHERAPY (Day 1):	
PACLitaxel 175 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose modification 155 mg/m ² x BSA = _____ mg <input type="checkbox"/> Dose modification 135 mg/m ² x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use non-DEHP tubing with 0.2 micron in-line filter)	
CARBOplatin AUC 6 x (GFR + 25) x (_____%) = _____ mg intraperitoneally in 1000 mL NS, infused as rapidly as possible, by gravity (i.e. – do not use infusion pump)	
Immediately after the completion of CARBOplatin instill 1000 mL NS intraperitoneally, as rapidly as possible, by gravity. Then rotate position of patient x 1 hour (Refer to BC Cancer Nursing Practice Reference C-252)	
CHEMOTHERAPY (Day 8):	
PACLitaxel 60 mg/m² x BSA = _____ mg intraperitoneally in 1000 mL NS (non-DEHP bag), infused as rapidly as possible, by gravity (i.e. – do not use infusion pump) (Use non-DEHP tubing with 0.2 micron in-line filter)	
Immediately after the completion of PACLitaxel instill 1000 mL NS intraperitoneally, as rapidly as possible, by gravity. Then rotate position of patient x 1 hour (Refer to BC Cancer Nursing Practice Reference C-252)	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo on Day 1 & 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets, Creatinine prior to Day 1, Cycle 1. CBC & Diff, Platelets prior to Day 8 of each cycle (results not needed to begin treatment) CBC & Diff, Platelets on Day 14 in Cycle 1. CBC & Diff, Platelets prior to Day 1, in Cycle 2 or greater.	
Appropriate tumor marker(s) prior to Day 1: <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 19-9	
Prior to Day 1, if clinically indicated: <input type="checkbox"/> Tot. Prot <input type="checkbox"/> Albumin <input type="checkbox"/> Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> Alk Phos. <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> Creatinine <input type="checkbox"/> BUN	
<input type="checkbox"/> Refer to Hereditary Cancer Program (see accompanying referral form) <input type="checkbox"/> CBC & Diff, Platelets on Day 14 <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	UC SIGNATURE: