



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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

PROTOCOL CODE: **LUAJPC**

**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, Platelets** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 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 50 mL NS 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:

**ondansetron 8 mg PO 30 to 60 minutes** prior to CARBOplatin

**aprepitant 125 mg PO 30 to 60 minutes** prior to CARBOplatin, and **ondansetron 8 mg PO 30 to 60 minutes** prior to CARBOplatin

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

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> 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) = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

IV in 100 to 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:  **Bilirubin**

**Other tests:**

**Consults:**

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

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**