



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: BRLACPNACG

(Page 1 of 3)

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: _____					
Number of PACLitaxel doses completed to date: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment For PACLitaxel NAB and CARBOplatin: May proceed with doses as written if within 72 hours ANC greater than or equal to 1.5 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L For DOXOrubicin and cyclophosphamide: May proceed with doses as written if within 72 hours ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.					
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment					
AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment			
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment			
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment			
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 treatment					
<input type="checkbox"/> Other: _____					
Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 1 to 4					
TREATMENT:					
<input type="checkbox"/> CYCLE # _____					
PACLitaxel NAB 260 mg/m² x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg					
IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter)					
Pharmacist to select dose band per last page of PPO. Complete table below (please print)					
Drug	Dose Band (mg)	Pharmacist Initial and Date			
PACLitaxel NAB					
CARBOplatin AUC <input type="checkbox"/> 6 or <input type="checkbox"/> 5 or <input type="checkbox"/> 4 (select one) x (GFR + 25) = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg					
IV in 100 to 250 mL NS over 30 minutes					
*** SEE PAGE 2 FOR AC TREATMENT CYCLES ***					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:



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: BRLACPNACG

(Page 2 of 3)

DATE:	
TREATMENT: (Continued)	
<u>OR</u>	
<input type="checkbox"/> CYCLE # _____	
DOXOrubicin 60 mg/m² x BSA = _____ mg	
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg	
IV push	
cyclophosphamide 600 mg/m² x BSA = _____ mg	
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg	
IV in 100 to 250 mL NS over 20 to 60 minutes	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. (For PACLitaxel NAB and CARBOplatin treatment, and first cycle of AC)	
<input type="checkbox"/> Return in two weeks for Doctor and Cycle _____. (For AC treatment) Book filgrastim (G-CSF) subcutaneous teaching and first dose on Cycle: ____ Day: ____	
<input type="checkbox"/> Last Cycle. Return in _____ week(s) after last treatment.	
<u>Cycles with PACLitaxel NAB and CARBOplatin:</u> CBC & Diff, creatinine prior to each cycle.	
<u>Cycles with DOXOrubicin and cyclophosphamide:</u> CBC & Diff prior to each cycle.	
If clinically indicated: <input type="checkbox"/> ALT <input type="checkbox"/> total bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> urea <input type="checkbox"/> creatinine	
<input type="checkbox"/> MUGA <input type="checkbox"/> echocardiogram	
<input type="checkbox"/> Other tests:	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

PROTOCOL CODE: BRLACPNACG

(Page 3 of 3)

PACLitaxel NAB DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 96		Pharmacy prepares specific dose
96	104.49	100
104.5	108.49	105
108.5	115.49	110
115.5	125.49	120
125.5	135.49	130
135.5	145.49	140
145.5	155.49	150
155.5	165.49	160
165.5	177.49	170
177.5	190.49	185
190.5	210.49	200
210.5	230.49	220
230.5	250.49	240
250.5	270.49	260
270.5	286.49	275
286.5	314.49	300
314.5	329.49	315
329.5	344.49	330
344.5	362.49	345
362.5	388.49	370
388.5	419.49	400
419.5	439.49	420
439.5	459.49	440
459.5	479.49	460
479.5	499.49	480
499.5	524.49	500
524.5	566.49	540
566.5	596.49	580
596.5	630.49	600
630.5	683.49	650
More than 683.49		Pharmacy prepares specific dose