



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: BRLACPNAC

(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 h 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 72h ANC greater than or equal to 1.5 x 10⁹/L, platelets greater than or equal to 90 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/m ² 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					
*** TREATMENT CONTINUED ON PAGE 2 ***					
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: BRLACPNAC

(Page 2 of 3)

DATE:

TREATMENT: (Continued)

CARBOplatin AUC 6 or 5 or 4 (select one) x (GFR + 25) = _____ mg

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes

OR

CYCLE # _____

DOXOrubicin 60 mg/m² x BSA = _____ mg

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

IV push

cyclophosphamide 600 mg/m² x BSA = _____ mg

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

IV in 100 to 250 mL NS over 20 to 60 minutes

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____

Book filgrastim (G-CSF) **subcutaneous** teaching and first dose on Cycle __ Day __

Last Cycle. Return in _____ week(s) after last treatment.

Cycles with PACLitaxel NAB and CARBOplatin:

CBC & Diff, creatinine prior to each cycle.

Cycles with DOXOrubicin and cyclophosphamide:

CBC & Diff prior to each cycle.

If clinically indicated:

ALT total bilirubin GGT alkaline phosphatase

urea creatinine

MUGA Echocardiogram

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

PROTOCOL CODE: BRLACPNAC

(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