

PROTOCOL CODE: BRLACTWACG

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|---|--------------------------|---|-------------|--------------------------|
| 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 day of treatment For PACLitaxel and CARBOplatin (Days 1, 8, and 15): May proceed with doses as written if within 48 h ANC greater than or equal to 1.5 x 10⁹/L , platelets greater than or equal to 90 x 10⁹/L For DOXOrubicin and cyclophosphamide: May proceed with doses as written if within 72 h 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 _____. | | | | |
| <input type="checkbox"/> CYCLE # 1 to 4 (PACLitaxel and CARBOplatin) | | | | |
| 45 Minutes Prior to PACLitaxel: | | | | |
| dexamethasone 10 mg IV in 50 mL NS over 15 minutes | | | | |
| 30 Minutes Prior to PACLitaxel: | | | | |
| diphenhydrAMINE 25 mg IV in 50 mL NS over 15 minutes and famotidine 20 mg IV in 100 mL NS over 15 minutes (Y-site compatible) | | | | |
| <input type="checkbox"/> No pre-medication required for PACLitaxel (see protocol for guidelines) | | | | |
| If not receiving IV dexamethasone for PACLitaxel, give: dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to CARBOplatin | | | | |
| 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 CARBOplatin | | |
| <input type="checkbox"/> CYCLE # 5 to 8 (DOXOrubicin and cyclophosphamide) | | | | |
| 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 | | |
| CYCLE #1 to 8 - 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: | | | | |
| *** SEE PAGE 2 FOR CHEMOTHERAPY ORDERS *** | | | | |
| DOCTOR'S SIGNATURE: | | | | SIGNATURE: |
| | | | | UC: |

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| | |
|--|---------------------------------------|
| DATE: _____ | |
| **Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 1 to 4** | |
| TREATMENT: | |
| <input type="checkbox"/> CYCLE # _____ (Cycles 1 – 4) PACLitaxel <input type="checkbox"/> 80 mg/m ² OR <input type="checkbox"/> _____ mg/m ² (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 500 mL (non-DEHP bag) NS over 60 minutes on Days 1, 8 and 15 (use non-DEHP tubing with 0.2 micron in-line filter) | |
| 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 on Day 1 | |
| <u>OR</u> | |
| <input type="checkbox"/> CYCLE # _____ (Cycles 5 – 8) 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 two or three weeks for Doctor and Cycle _____ (Book chemo room weekly x 3 for Cycles 1-4; book chemo room every two weeks for AC Cycles 5-8, Cycle 5 to start week 13) Book filgrastim (G-CSF) SC teaching and first dose on Cycle: ___ Day: ___ <input type="checkbox"/> Last Cycle. Return in _____ week(s) after last treatment. | |
| <u>Cycles 1 to 4:</u> CBC & Diff, creatinine prior to each cycle. CBC & Diff prior to treatment on Days 8 and 15 . <u>Cycles 5 to 8:</u> CBC & Diff prior to each cycle. | |
| If clinically indicated: <input type="checkbox"/> ALT <input type="checkbox"/> total bilirubin <input type="checkbox"/> MUGA scan <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: _____ |