

PROTOCOL CODE: GOCABR

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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 day of treatment

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**

Dose modification for: Hematology Other Toxicity _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

dexamethasone 8 mg or 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 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 Medications and Protocol Available****

TREATMENT:

PACLitaxel NAB 260 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² 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 6 or 5 (circle one) x (GFR + 25) = _____ mg

Dose Modification: _____ % = _____ mg

IV in 100 to 250mL NS over 30 minutes.

RETURN APPOINTMENT ORDERS

Return in three weeks, or four weeks for Doctor and Cycle _____.

Last Treatment. Return in _____ week(s).

CBC & Diff, creatinine, total bilirubin, ALT, alkaline phosphatase prior to next cycle.

If indicated: CBC & Diff on Day 14 and/or Day 21

Prior to next cycle, if clinically indicated:

sodium potassium magnesium calcium

CA 15-3 CA 125 CA 19-9 CEA SCC

Refer to Hereditary Cancer Program (see accompanying referral form)

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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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