

**PROTOCOL CODE: GOOVPLDC**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 100 x 10<sup>9</sup>/L</b>				
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____				
Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.				
If <b>prior</b> infusion reaction: <b>45 minutes prior to DOXOrubicin pegylated liposomal:</b>				
<input type="checkbox"/> <b>dexamethasone 20 mg</b> IV in 50 mL NS over 15 minutes				
<b>30 minutes prior to DOXOrubicin pegylated liposomal:</b>				
<input type="checkbox"/> <b>diphenhydrAMINE 50 mg</b> IV in NS 50 mL over 15 minutes and <b>famotidine 20 mg</b> IV in NS 100 mL over 15 minutes (Y-site compatible)				
<b>dexamethasone 8 mg</b> PO 30 to 60 minutes prior to CARBOplatin				
AND select ONE of the following:	<input type="checkbox"/>	<b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to CARBOplatin		
	<input type="checkbox"/>	<b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to CARBOplatin, and <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to CARBOplatin		
	<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg</b> PO 30 to 60 minutes prior to CARBOplatin		
If additional antiemetic required:				
<input type="checkbox"/> <b>OLANZapine</b> <input type="checkbox"/> <b>2.5 mg</b> or <input type="checkbox"/> <b>5 mg</b> or <input type="checkbox"/> <b>10 mg</b> (select one) PO 30 to 60 minutes prior to CARBOplatin				
<input type="checkbox"/> <b>Other:</b>				
<b>**Have Hypersensitivity Reaction Medications and Protocol Available**</b>				
<b>TREATMENT:</b>				
All lines to be primed with D5W (CARBOplatin is compatible with both NS and D5W)				
<b>DOXOrubicin pegylated liposomal</b> <input type="checkbox"/> <b>30 mg/m<sup>2</sup></b> or <input type="checkbox"/> <b>25 mg/m<sup>2</sup></b> (select one) x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg				
IV in 250 mL D5W over 1 h*				
*In Cycle 1, infuse over at least 1 h (maximum 1mg/min). For subsequent doses and no prior reaction, infuse over 1 h.				
<b>CARBOplatin AUC</b> <input type="checkbox"/> <b>5</b> or <input type="checkbox"/> <b>4</b> (select one) x (GFR + 25) = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg				
IV in 100 to 250 mL NS over 30 minutes.				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>



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

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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
Return in four weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Treatment. Return in _____ week(s).	
<p><b>Cycle 1: CBC &amp; Diff, creatinine</b> prior to Day 1, and <b>CBC &amp; Diff</b> on Days 14, and 21.</p> <p><b>Subsequent cycles: CBC &amp; Diff, creatinine</b> prior to Day 1;  if indicated, also on <input type="checkbox"/> Day 14 and/or <input type="checkbox"/> Day 21.</p> <p>Prior to next cycle, if clinically indicated:  <input type="checkbox"/> total bilirubin   <input type="checkbox"/> sodium   <input type="checkbox"/> potassium   <input type="checkbox"/> magnesium   <input type="checkbox"/> calcium  <input type="checkbox"/> CA 15-3   <input type="checkbox"/> CA 125   <input type="checkbox"/> CA 19-9   <input type="checkbox"/> CEA   <input type="checkbox"/> SCC</p> <p><input type="checkbox"/> Other tests:  <input type="checkbox"/> Consults:  <input type="checkbox"/> See general orders sheet for additional requests.</p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>  <b>UC:</b>