

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: GOENDAVCAT

Page 1 of 1

DOCTOR'S ORDERS Htcm Wtkg BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & A	lert Form
DATE: To be given: Cycle #:	
Date of Previous Cycle:	
☐ Delay treatment week(s)	
☐ CBC & Diff, Platelets day of treatment	
May proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 109/L, P	latelets <u>greater than</u>
or equal to 100 x 10 ⁹ /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	
45 minutes prior to PACLItaxel:	
dexamethasone 20 mg IV in 50 mL NS over 15 minutes	
30 minutes prior to PACLItaxel:	
diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100	0 mL over 15 minutes
(Y-site compatible)	1
AND select ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin ONE of the appropriant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and	
aprepitant 120 mg 1 0 00 to 00 minutes prior to 0710 opiatin, and	
Oldansetron o mg 1 o do to do minutes phor to OARDOplatin	DO-L-ti-
netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARI	BOplatin
If additional antiemetic required: ☐ OLANZapine ☐ 2.5 mg or ☐ 5 mg or ☐ 10 mg (select one) PO 30 to 60 minutes prior to CAI	PROpletin
Other:	КЪОріації
Have Hypersensitivity Reaction Tray and Protocol Available	
CHEMOTHERAPY:	
PACLITATE \square 175 mg/m ² or \square mg/m ² (select one) x BSA = mg	
PACLItaxel ☐ 175 mg/m² or ☐ mg/m² (select one) x BSA = mg ☐ Dose Modification: % = mg/m² x BSA = mg	
☐ Dose Modification:% =mg/m² x BSA =mg	n-line filter)
☐ Dose Modification:% = mg/m² x BSA =mg IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in	ı-line filter)
☐ Dose Modification:% = mg/m² x BSA =mg IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in CARBOplatin AUC ☐ 6 or ☐ 5 (select one) x (GFR + 25) = mg	ı-line filter)
□ Dose Modification:% = mg/m² x BSA =mg IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in CARBOplatin AUC □ 6 or □ 5 (select one) x (GFR + 25) = mg □ Dose Modification: % = mg	n-line filter)
☐ Dose Modification:% = mg/m² x BSA =mg IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in CARBOplatin AUC ☐ 6 or ☐ 5 (select one) x (GFR + 25) = mg	ı-line filter)
□ Dose Modification:% =mg/m² x BSA =mg IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in CARBOplatin AUC □ 6 or □ 5 (select one) x (GFR + 25) = mg □ Dose Modification:% = mg IV in 100 to 250mL NS over 30 minutes. RETURN APPOINTMENT ORDERS	n-line filter)
□ Dose Modification:% = mg/m² x BSA =mg IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in CARBOplatin AUC □ 6 or □ 5 (select one) x (GFR + 25) = mg □ Dose Modification:% = mg IV in 100 to 250mL NS over 30 minutes.	n-line filter)
□ Dose Modification:% =mg/m² x BSA =mg IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in CARBOplatin AUC □ 6 or □ 5 (select one) x (GFR + 25) = mg □ Dose Modification:% = mg IV in 100 to 250mL NS over 30 minutes. RETURN APPOINTMENT ORDERS Return in □ three weeks for Doctor and Cycle	ı-line filter)
□ Dose Modification: % = mg/m² x BSA = mg IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in CARBOplatin AUC □ 6 or □ 5 (select one) x (GFR + 25) = mg □ Dose Modification: % = mg IV in 100 to 250mL NS over 30 minutes. RETURN APPOINTMENT ORDERS Return in □ three weeks for Doctor and Cycle □ Last Treatment. Return in week(s).	n-line filter)
□ Dose Modification:% =mg/m² x BSA =mg IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in CARBOplatin AUC □ 6 or □ 5 (select one) x (GFR + 25) = mg □ Dose Modification:% = mg IV in 100 to 250mL NS over 30 minutes. RETURN APPOINTMENT ORDERS Return in □ three weeks for Doctor and Cycle □ Last Treatment. Return in week(s). CBC and differential, creatinine, total bilirubin, ALT, alkaline phosphatase, albumin prior to	ı-line filter)
□ Dose Modification:% =mg/m² x BSA =mg IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in CARBOplatin AUC □ 6 or □ 5 (select one) x (GFR + 25) = mg □ Dose Modification:% = mg IV in 100 to 250mL NS over 30 minutes. RETURN APPOINTMENT ORDERS Return in □ three weeks for Doctor and Cycle □ Last Treatment. Return in week(s). CBC and differential, creatinine, total bilirubin, ALT, alkaline phosphatase, albumin prior to next cycle. Prior to next cycle, if clinically indicated: □ GGT □ Total Protein	ı-line filter)
□ Dose Modification:	n-line filter)
□ Dose Modification:% =mg/m² x BSA =mg IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in CARBOplatin AUC □ 6 or □ 5 (select one) x (GFR + 25) =mg □ Dose Modification:% =mg IV in 100 to 250mL NS over 30 minutes. RETURN APPOINTMENT ORDERS Return in □ three weeks for Doctor and Cycle □ Last Treatment. Return inweek(s). CBC and differential, creatinine, total bilirubin, ALT, alkaline phosphatase, albumin prior to next cycle. Prior to next cycle, if clinically indicated: □ GGT □ Total Protein □ CA 15-3 □ CA 125 □ CA 19-9 □ Other tests:	n-line filter)
Dose Modification:	n-line filter)
Dose Modification:% =mg/m² x BSA =mg IV in 250 to 500 mL NS (non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in CARBOplatin AUC ☐ 6 or ☐ 5 (select one) x (GFR + 25) = mg Dose Modification:% = mg IV in 100 to 250mL NS over 30 minutes. RETURN APPOINTMENT ORDERS Return in ☐ three weeks for Doctor and Cycle ☐ Last Treatment. Return in week(s). CBC and differential, creatinine, total bilirubin, ALT, alkaline phosphatase, albumin prior to next cycle. Prior to next cycle, if clinically indicated: ☐ GGT ☐ Total Protein ☐ CA 15-3 ☐ CA 125 ☐ CA 19-9 ☐ Other tests: ☐ Consults: ☐ See general orders sheet for additional requests.	
Dose Modification:	signature: