

**PROTOCOL CODE: GUSCARB**

<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, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC <u>greater than or equal to</u> 1.2 x 10<sup>9</sup>/L, Platelets <u>greater than or equal to</u> 120 x 10<sup>9</sup>/L</b>  Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. ondansetron 8 mg PO prior to treatment dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg ( <i>select one</i> ) prior to treatment <input type="checkbox"/> <b>Other:</b> _____		
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>		
<b>CHEMOTHERAPY:</b>		
CARBOplatin AUC 7 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<b>CBC &amp; Diff, Platelets, Creatinine</b> prior to each cycle <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> Day 14 and Day 21 If clinically indicated: <input type="checkbox"/> <b>ALT, Alk Phos, Bili, LDH</b>  <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>