

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: GOOVCARB

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form						
	To be given:				le #:	
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, Platelets greater than or equal to 100 x 109/L						
Dose modification for:						
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 prior to treatment.						
ondansetron 8 mg PO prior to treatment.						
☐ Other:						
Have Hypersensitivity Reaction Tray and Protocol Available						
CHEMOTHERAPY:						
CARBOplatin AUC 6 or 5 (select one) x (GFR + 25) = mg Dose Modification: % = mg IV in 100 to 250 mL NS over 30 minutes.						
RETURN APPOINTMENT ORDERS						
Return in four weeks for Doctor and C	Cycle					
Last Cycle. Return in week	•	_				
CBC & Diff, Platelets on ☐ Day 14 ☐	Day 21.					
CBC & Diff, Platelets, Creatinine prior to If this is Cycle 1 and indicated: ☐CT Scal			-			
☐ Tot Prot ☐ A			r 🗆 L	DH		
☐ CA 15-3 ☐ C ☐ Refer to Hereditary Cancer Program		A 19-9 nying refer	ral forn	n)		
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☐ Other tests:☐ Consults:						
☐ See general orders sheet for addition	onal requests.					
DOCTOR'S SIGNATURE:	•					SIGNATURE:
						UC: