

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 <a href="https://www.bccancer.bc.ca">www.bccancer.bc.ca</a> and according to acceptable standards of care

## PROTOCOL CODE: GOOVCATX

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DOCTOR'S ORDERS Htcm Wt	kg E	SAm²
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, 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 10 <sup>9</sup> /L  Dose modification for:		
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		
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30 minutes prior to PACLitaxel: diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes		
(Y-site compatible)		
ondansetron 8 mg PO 30 minutes prior to CARBOplatin.		
Other:		
**Have Hypersensitivity Reaction Tray and Protocol Available**		
CHEMOTHERAPY:		
PACLitaxel  175 mg/m² OR  mg/m² (select one) x BSA = mg		
Dose Modification:% =mg/m² x BSA =mg		
IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use non-DEHP tubing with 0.2 micron in-line filter)  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 🔲 three weeks, or 🔲 four weeks for Doctor and Cycle		
Last Treatment. Return in week(s).		
CBC & Diff, Platelets, Creatinine prior to next cycle.		
If this is Cycle 1: CBC & Diff, Platelets on Day 14.		
If this is Cycle 1 and indicated: ☐CT Scan chest/abdo/pelvis between Cycles 2 & 3 ☐ Referral to Gyne Onc Surgeons after CT Scan		
If this is Cycle 1 and RTC is in 4 weeks: CBC & Diff, Platelets on Day 21.		
In subsequent cycles, if indicated: CBC & Diff, Platelets on ☐ Day 14 and/or ☐ Day 21.		
Prior to next cycle, if clinically indicated:		
☐ Bilirubin ☐ Alk Phos ☐ GGT ☐ ALT ☐ LDH ☐ Tot Prot ☐ Albumin		
☐ CA 15-3 ☐ CA 125 ☐ CA 19-9 ☐ CEA		
☐ Refer to Hereditary Cancer Program (see accompanying referral form)		
☐ Consults:		
See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: