



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

PROTOCOL CODE: GOCABR

DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

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 72 hours ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/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

dexamethasone 8 mg or 12 mg (select one) PO 30 to 60 minutes prior to CARBOplatin

Table with 2 columns: AND select ONE of the following: and medication options (ondansetron, aprepitant, netupitant-palonosetron)

If additional antiemetic required:

- OLANzapine 2.5 mg or 5 mg or 10 mg (select one) PO 30 to 60 minutes prior to CARBOplatin
Other:

\*\* Have Hypersensitivity Reaction Medications and Protocol Available\*\*

CHEMOTHERAPY:

PACLitaxel NAB (ABRAXANE) 260 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter)

CARBOplatin AUC 6 or 5 (circle one) x (GFR + 25) = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

IV in 100 to 250mL 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 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 SCC

Refer to Hereditary Cancer Program (see accompanying referral form)

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:
UC: