

PROTOCOL CODE: GUPCABA

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DOCTOR'S ORDERS				Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form						
DATE:	To be given:	Cycle #:	(every 3 weeks = 1 cycle)			
Date of Previous Cycle: _____						
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, platelets on day of treatment						
May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 90 x 10⁹/L						
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____						
Proceed with treatment based on blood work from _____						
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.						
45 minutes prior to cabazitaxel:						
dexamethasone 8 mg IV in NS 50 mL over 15 minutes						
30 minutes prior to cabazitaxel:						
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 cabazitaxel						
<input type="checkbox"/> Other						
CHEMOTHERAPY:						
cabazitaxel 25 mg/m² x BSA = _____ mg						
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg						
IV in 100 to 250 mL NS (non-DEHP bag) over 60 minutes (use non-DEHP tubing with 0.2 in-line filter)						
predniSONE 10 mg PO once daily or 5 mg PO twice daily. Mitte: _____ days						
*Alternate steroid dosing option:						
dexamethasone 1.5 mg PO once daily. Mitte: _____ days						
RETURN APPOINTMENT ORDERS						
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____						
<input type="checkbox"/> Last Cycle. Return in _____ week(s)						
CBC & Diff, Platelets prior to each cycle.						
PSA every 3 weeks						
If clinically indicated: <input type="checkbox"/> Creatinine <input type="checkbox"/> Bilirubin						
<input type="checkbox"/> Other tests:						
<input type="checkbox"/> Consults:						
<input type="checkbox"/> See general orders sheet for additional requests.						
DOCTOR'S SIGNATURE:						SIGNATURE:
						UC: