



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: GOOVTAX3

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DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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 100 x 10⁹/L

Dose modification for: Hematology Other Toxicity _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS:

45 minutes prior to PACLitaxel:

dexamethasone 20 mg IV in 50 mL NS over 15 minutes.

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)

Other: _____

Have Hypersensitivity Reaction Tray and Protocol Available

CHEMOTHERAPY:

PACLitaxel 175 mg/m² or 135 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)

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____

Last Cycle. Return in _____ weeks.

CBC & Diff, Platelets prior to each cycle

If clinically indicated: Bilirubin ALT

Other tests: _____

Consults: _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: _____

SIGNATURE: _____

UC: _____