



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 and according to acceptable standards of care

PROTOCOL CODE: HNAVPC

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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, Creatinine, alkaline phosphatase, ALT, bilirubin 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: **Hematology** **Other Toxicity:** _____

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 NS 50 mL 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)

ondansetron 8 mg PO prior to CARBOplatin

Other: _____

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY:

PACLitaxel 175 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in NS **250 to 500 mL** (use non-DEHP bag) over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter)

CARBOplatin AUC 5 or 6 (select one) x (GFR + 25) = _____ mg

IV in NS **100 to 250 mL** over 30 minutes

RETURN APPOINTMENT ORDERS

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

Last Cycle. Return in _____ week(s).

CBC and Diff, Platelets, Creatinine, alkaline phosphatase, ALT, bilirubin prior to each cycle

If clinically indicated: **Bilirubin** **AST**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: