



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: BRLACTWACG

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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 #:		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, platelets day of treatment For PACLitaxel and CARBOplatin (Days 1, 8, and 15): May proceed with doses as written if within 48 h ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 90 x 10⁹/L For DOXOrubicin and cyclophosphamide: May proceed with doses as written if within 72 h ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 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 _____.				
<input type="checkbox"/> CYCLE # 1 to 4 (PACLitaxel and CARBOplatin)				
45 Minutes Prior to PACLitaxel:				
dexamethasone 10 mg IV in NS 50 mL over 15 minutes				
30 Minutes Prior to PACLitaxel:				
diphenhydrAMINE 25 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)				
<input type="checkbox"/> No pre-medication required for PACLitaxel (see protocol for guidelines)				
If not receiving IV dexamethasone for PACLitaxel, give: dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to CARBOplatin				
AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin		
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin		
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior CARBOplatin		
<input type="checkbox"/> CYCLE # 5 to 8 (DOXOrubicin and cyclophosphamide)				
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment				
AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment		
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment		
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment		
CYCLE #1 to 8 - If additional antiemetic required:				
<input type="checkbox"/> OLANZapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment				
<input type="checkbox"/> Other:				
*** SEE PAGE 2 FOR CHEMOTHERAPY ORDERS ***				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:

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DOCTOR'S ORDERS		
DATE:	To be given:	Cycle #:
Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 1 to 4		
CHEMOTHERAPY:		
<input type="checkbox"/> CYCLE # _____ (Cycle 1-4)		
PACLitaxel <input type="checkbox"/> 80 mg/m² OR <input type="checkbox"/> _____ mg/m² (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 500 mL (non-DEHP bag) NS over 1 hour on Days 1, 8 and 15 (use non-DEHP tubing with 0.2 micron in-line filter)		
CARBOplatin AUC <input type="checkbox"/> 6 or <input type="checkbox"/> 5 or <input type="checkbox"/> 4 (select one) x (GFR + 25) = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg IV in 100 to 250 mL NS over 30 minutes on Day 1		
<u>OR</u>		
<input type="checkbox"/> CYCLE # _____ (Cycle 5-8)		
DOXOrubicin 60 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push		
cyclophosphamide 600 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in two or three weeks for Doctor and Cycle _____ (Book chemo room weekly x 3 for cycles 1-4; book chemo room every two weeks for AC cycles 5-8, cycle 5 to start week 13)		
<input type="checkbox"/> Book filgrastim (G-CSF) SC teaching and first dose on Cycle: ____ Day: ____		
<input type="checkbox"/> Last Cycle. Return in _____ week(s) after last treatment.		
<u>Cycles 1 to 4:</u> CBC & Diff, Platelets, Creatinine prior to each cycle. CBC & Diff, Platelets prior to treatment on days 8 and 15.		
<u>Cycles 5 to 8:</u> CBC & Diff, Platelets prior to each cycle.		
If clinically indicated: <input type="checkbox"/> ALT <input type="checkbox"/> Bilirubin <input type="checkbox"/> MUGA <input type="checkbox"/> Echocardiogram		
<input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: