

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 <a href="https://www.bccancer.bc.ca/terms-of-use">www.bccancer.bc.ca/terms-of-use</a> and according to acceptable standards of care.

PROTOCOL CODE: HNAVPC

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or equal to 100 x 10³/L, creatinine clearance greater than or equal to 60 mL/min  Dose modification for:	DOCTOR'S ORDERS Htcm Wtkg	BSAm²	
Date of Previous Cycle:  Delay treatment week(s)  CBC & Diff, Platelets, serum 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 10°/L, Platelets greater than or equal to 100 x 10°/L, creatinine clearance greater than or equal to 60 mL/min Dose modification for:	REMINDER: Please ensure drug allergies and previous bleomycin are documented o	n the Allergy & Alert Form	
Delay treatment week(s)  GBC & Diff, Platelets, serum 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 10°/L, Platelets greater than or equal to 100 x 10°/L, creatinine clearance greater than or equal to 60 mL/min Dose modification for:	DATE: To be given: Cycle	#:	
□ CBC & Diff, Platelets, serum 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 10°/L, Platelets greater than or equal to 100 x 10°/L, creatinine clearance greater than or equal to 60 mL/min  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)  Select ONE of the following: □ aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin OR □ ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin Other:	Date of Previous Cycle:		
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, creatinine clearance greater than or equal to 60 mL/min  Dose modification for:	Delay treatment week(s)		
or equal to 100 x 10³/L, creatinine clearance greater than or equal to 60 mL/min  Dose modification for:	☐ CBC & Diff, Platelets, serum creatinine, alkaline phosphatase, ALT, bilirubin day of treatment		
Dose modification for:	May proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 109/L, Platelets greater than		
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)  Select ONE of the following:  aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin OR ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin Other:	or equal to 100 x 10 <sup>9</sup> /L, creatinine clearance greater than or equal to 60 mL/min		
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OR ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin Other:			
<ul><li>☐ ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin</li><li>☐ Other:</li></ul>			
Other:			
	**Have Hypersensitivity Reaction Tray & Protocol Available**		
HYDRATION:			
1000 mL NS over 1 hour prior to CISplatin			
CHEMOTHERAPY:	CHEMOTHERAPY:		
PACLitaxel 175 mg/m <sup>2</sup> x BSA = mg	PACLitaxel 175 mg/m <sup>2</sup> x BSA = mg		
PACLitaxel 175 mg/m² x BSA = mg         ☐ Dose Modification:% = mg/m² x BSA = mg	☐ Dose Modification:		
IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter)	IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 m	icron in-line filter)	
CISplatin 75 mg/m² x BSA = mg	ClSplatin 75 mg/m² x BSA = mg		
□ Dose Modification:% = mg/m² x BSA = mg  IV in 500 mL NS with potassium chloride 20mEq, magnesium sulphate 1 g, 30 g mannitol over 1 hour			
Add 1 L NS IV hydration over 1 hour		over i nour	
OR	·		
CARBOplatin AUC  5 or 6 (select one) x (GFR + 25) = mg			
IV in 100 to 250 mL NS over 30 minutes			
RETURN APPOINTMENT ORDERS			
Return in three weeks for Doctor and Cycle			
Last Cycle. Return in week(s).			
CBC & Diff, Platelets, serum creatinine, alkaline phosphatase, ALT, bilirubin prior to			
each cycle  Other tests:			
Consults:			
See general orders sheet for additional requests.			
DOCTOR'S SIGNATURE: SIGNATURE:	DOCTOR'S SIGNATURE:	SIGNATURE:	
UC:		UC:	