PROTOCOL CODE: BRLACTWAC

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:

☐ Delay treatment _____ week(s)

☐ **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 10^9/L, Platelets greater than or equal to 90 x 10^9/L**

For DOXOrubicin and cyclophosphamide:
May proceed with doses as written if within 96 h **ANC greater than or equal to 1.5 x 10^9/L, Platelets greater than or equal to 90 x 10^9/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 _____.

☐ **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)

☐ No pre-medication required for PACLitaxel (see protocol for guidelines)

If not receiving IV dexamethasone for PACLitaxel, give: **dexamethasone** ☐ **8 mg** or ☐ **12 mg** (select one) PO 30 to 60 minutes prior to CARBOplatin

AND select **ONE** of the following:	☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to CARBOplatin
	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to CARBOplatin, and **ondansetron 8 mg** PO 30 to 60 minutes prior to CARBOplatin
	☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior CARBOplatin

☐ **CYCLE # 5 to 8** (DOXOrubicin and cyclophosphamide)

dexamethasone ☐ **8 mg** or ☐ **12 mg** (select one) PO 30 to 60 minutes prior to treatment

AND select **ONE** of the following:	☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to treatment
	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to treatment, and **ondansetron 8 mg** PO 30 to 60 minutes prior to treatment
	☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to treatment

CYCLE #1 to 8 - If additional antiemetic required:

☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to treatment

☐ **Other:**

*** SEE PAGE 2 FOR CHEMOTHERAPY ORDERS ***

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

PROTOCOL CODE: BRLACTWAC

DOCTOR'S ORDERS

DATE: **To be given:** **Cycle #:**

****Have Hypersensitivity Reaction Tray and Protocol Available for Cycles 1 to 4****

CHEMOTHERAPY:

☐ **CYCLE #_____ (Cycle 1-4)**

PACLitaxel ☐ **80 mg/m²** OR ☐ **_____ mg/m²** (select one) x BSA = _____ mg

☐ Dose Modification: _____% = _____ mg/m² 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 ☐ **6 or** ☐ **5 or** ☐ **4** (select one) **x (GFR + 25)** = _____ mg

☐ Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes on **Day 1**

OR

☐ **CYCLE #_____ (Cycle 5-8)**

DOXOrubicin 60 mg/m² x BSA = _____mg

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

IV push

cyclophosphamide 600 mg/m² x BSA =_____mg

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

IV in 100 to 250 mL NS over 20 minutes to 1 hour

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____ (Book chemo room weekly x 3 for cycles 1-4; book chemo room every three weeks for AC cycles 5-8, cycle 5 to start week 13)

☐ Last Cycle. Return in _____ week(s) after last treatment.

Cycles 1 to 4:

CBC & Diff, Platelets, Creatinine prior to each cycle.

CBC & Diff, Platelets prior to treatment on days 8 and 15.

Cycles 5 to 8:

CBC & Diff, Platelets prior to each cycle.

If clinically indicated: ☐ **ALT** ☐ **Bilirubin** ☐ **MUGA** ☐ **Echocardiogram**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: