

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: GIENACTRT

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DOCTOR'S ORDERS Htcm Wtkg BS	SAm²
REMINDER: Please ensure drug allergies and previous bleomycin are documented	on the Allergy & Alert Form
DATE: To be given: Cycle	e #:
Date of Dravious Cycle.	
Date of Previous Cycle:	
☐ Delay treatment week(s) ☐ CBC & diff, platelets day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 1.0 x 109/L, Platelets greater than or equal to 50 x 109/L	
If creatinine increases by greater than 20% or rises above the upper limit of normal, recalculate GFR and	
recalculate CARBOplatin dose using new GFR. 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 10 mg IV in 50 mL NS 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) ondansetron 8 mg PO 30 minutes prior to CARBOplatin No pre-medication to PACLitaxel required (see protocol for guidelines) dexamethasone 8 mg or 12 mg (select one) PO prior to CARBOplatin, if not receiving IV dexamethasone for PACLitaxel Other:	
Have Hypersensitivity Reaction Tray and Protocol Available	
CHEMOTHERAPY: Repeat weekly x 5 weeks concurrent with radiation therapy, starting the first day of RT:	
PACLitaxel 50 mg/m² x BSA = mg IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour once weekly x weeks (use non-DEHP tubing with 0.2 micron in-line filter)	
CARBOplatin AUC 2 x (GFR + 25) = mg Dose modification: recalculated GFR = mg IV in 100 to 250 mL NS over 30 minutes once weekly x weeks	
RETURN APPOINTMENT ORDERS	
Book chemo weekly x five weeks concurrent with RT starting the first day of RT. Return in weeks for assessment during chemo/radiation Last Cycle. Return in week(s).	
CBC & diff, platelets, creatinine weekly prior to treatment	
If clinically indicated: Bilirubin ALT Magnesium	
Other tests:	
Consults:	
See general orders sheet for additional requests. DOCTOR'S SIGNATURE:	SIGNATURE:
DOCTOR S SIGNATURE:	JIGNATURE:
	UC: