

PROTOCOL CODE: LULACATRT

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		
May proceed with doses as written if within 24 hours ANC <u>greater than or equal to 1.0 x 10⁹/L</u>, Platelets <u>greater than or equal to 50 x 10⁹/L</u>		
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 _____.		
CONCURRENT CHEMO:		
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)		
<input type="checkbox"/> No pre-medication to PAClitaxel required (see protocol for guidelines)		
ondansetron 8 mg PO 30 minutes prior to CARBOplatin		
If IV dexamethasone not given for PAClitaxel, give dexamethasone <input type="checkbox"/> 8 or <input type="checkbox"/> 12 mg (select one) PO prior to CARBOplatin		
CONSOLIDATION CHEMO:		
45 Minutes Prior To PACLitaxel: dexamethasone 20 mg IV in 50 mL NS 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)		
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 to CARBOplatin	
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 CARBOplatin <input type="checkbox"/> Other: _____		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC:

PROTOCOL CODE: LULACATRT

DOCTOR'S ORDERS	
DATE:	
Have Hypersensitivity Reaction Tray and Protocol Available	
CHEMOTHERAPY:	
Concurrent with radiation therapy (<i>note: <u>lower drug doses with weekly dosing schedule</u></i>)	
PACLitaxel 45 mg/m² x BSA = _____ mg IV in 100 to 250 mL (non-DEHP bag) NS over 1 hour <u>once weekly</u> x _____ weeks (use non-DEHP equipment and 0.2 micron in-line filter)	
CARBOplatin AUC 2 x (GFR + 25) = _____ mg <input type="checkbox"/> Dose modification: recalculated GFR _____ = _____ mg IV in 100 to 250 mL NS over 30 minutes <u>once weekly</u> x _____ weeks	
OPTIONAL: Consolidation chemotherapy (<i>note: <u>regular drug doses with 3-weekly dosing schedule</u></i>)	
PACLitaxel 200 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours <u>every 3 weeks</u> (use non-DEHP equipment and 0.2 micron in-line filter)	
CARBOplatin AUC 6 x (GFR + 25) x = _____ mg <input type="checkbox"/> Dose Modification: _____ % of previous dose = _____ mg IV in 100 to 250 mL NS over 30 minutes <u>every 3 weeks</u>	
RETURN APPOINTMENT ORDERS	
Book chemo weekly x six weeks concurrent with RT starting the first day of RT <input type="checkbox"/> Return in _____ weeks for assessment during chemo/radiation <input type="checkbox"/> Return four weeks <u>after completion of RT</u> for cycle 2 (consolidation chemo) <input type="checkbox"/> Return in three weeks for cycle 3 <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets, creatinine weekly prior to treatment If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Magnesium <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: