

Doctor's Order Sheet  
**CARBO**platin **AUC 5** -  
 gemcitabine **1250** Regimen:  
**CARBO**platin - gemcitabine  
 (Part I)

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**ARIA Protocol Name:** CarbAUC5 Gem 1250 D1 & 8  
 Adult Chemotherapy- Medical Oncology  
 Advanced Non-Small Cell Lung Cancer Therapy



C1920 0063 03 2020

**Allergies:**

**No Known**

Date: DD/MONTH/YYYY  
 Cycle \_\_\_\_\_ of \_\_\_\_\_

Planned Administration Date: DD/MONTH/YYYY  
**Cycle Duration: 21 days** Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than or equal to**  $1 \times 10^9/L$  and platelets **greater than or equal to**  $100 \times 10^9/L$ , otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

**PREMEDICATIONS:**

ondansetron 16 mg PO on day 1

dexamethasone 8 mg PO on day 1

metoclopramide 10 mg PO on day 8

Other: \_\_\_\_\_

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.



Doctor's Order Sheet  
**CARBO**platin **AUC 5** -  
gemcitabine **1250** Regimen:  
**CARBO**platin - gemcitabine  
(Part II)

**ARIA Protocol Name:** CarbAUC5 Gem 1250 D1 & 8  
Adult Chemotherapy- Medical Oncology  
Advanced Non-Small Cell Lung Cancer Therapy



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Name: \_\_\_\_\_  
HCN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ kg    Height: \_\_\_\_\_ cm    Body Surface Area (BSA) = \_\_\_\_\_

**CHEMOTHERAPY:**

**gemcitabine 1250 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ mg IV in 250 mL normal saline  
over 30 minutes on days 1 & 8

Dose modification: **1250 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg IV in 250 mL normal saline  
over 30 minutes on days 1 & 8

**CARBOplatin AUC 5** = \_\_\_\_\_ mg IV in 250 mL normal saline over 30 minutes on day 1

Dose modification: **AUC 5** - \_\_\_\_\_ % = \_\_\_\_\_ mg IV in 250 mL normal saline  
over 30 minutes on day 1

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

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