

Doctor's Order Sheet
CARBOplatin - pemetrexed
Regimen
(Part I)

ARIA Protocol Name: Carb AUC 5 Peme 500
Adult Chemotherapy- Medical Oncology
Advanced Non-Small Cell Lung Cancer Therapy



C1930 0064 03 2020

Name: _____

HCN: _____

Date of Birth: _____

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** $1.5 \times 10^9/L$ and platelets **greater than or equal to** $100 \times 10^9/L$, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS:

- dexamethasone 4 mg PO bid x 3 days starting the day before chemotherapy
- dexamethasone 4 mg PO x 1 dose the morning of chemotherapy (in addition to the dexamethasone above)
- ondansetron 16 mg PO
- 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: _____

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Doctor's Order Sheet
CARBOplatin - pemetrexed
Regimen
(Part II)

ARIA Protocol Name: Carb AUC 5 Peme 500
Adult Chemotherapy- Medical Oncology
Advanced Non-Small Cell Lung Cancer Therapy



C1930 0064 03 2020

Name: _____

HCN: _____

Date of Birth: _____

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

HYDRATION/SUPPORTIVE CARE:

folic acid 0.4 mg PO daily

Starting at least 7 days prior to the first cycle, and to continue while on treatment,
until 21 days after last pemetrexed dose

cyanocobalamin 1000 mcg IM every 9 weeks

Starting at least 7 days prior to the first cycle, and to continue while on treatment,
until 21 days after last pemetrexed dose

CHEMOTHERAPY:

pemetrexed 500 mg/m² X BSA = _____ mg IV in 100 mL normal saline

over 10 minutes on day 1

Dose modification: 500 mg/m² X BSA - _____ % = _____ mg IV in 100 mL normal saline

over 10 minutes on day 1

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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