

Doctor's Order Sheet  
**CARBOplatin AUC 5 -  
gemcitabine 1000 (21 day)  
Regimen (Part I)**

**ARIA Protocol Name:** CarbAUC5 Gem 1000 D1 & 8 Bladder  
Adult Chemotherapy - Medical Oncology  
Urothelial Cancer Therapy



CC3060 0117 08 2020

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

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

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

**Allergies:**

No Known

Date: DD/MONTH/YYYY Planned Administration Date: DD/MONTH/YYYY  
Cycle      of      **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 X 10<sup>9</sup>/L and platelets **greater than or equal to** 100 X 10<sup>9</sup>/L, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

- 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  
**CARBOplatin AUC 5 -  
gemcitabine 1000 (21 day)  
Regimen (Part II)**

**ARIA Protocol Name:** CarbAUC5 Gem 1000 D1 & 8 Bladder  
Adult Chemotherapy - Medical Oncology  
Urothelial Cancer Therapy



CC3060 0117 08 2020

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

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

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

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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

- gemcitabine 1000 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**
  - Dose modification: **gemcitabine 1000 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**
  - IV in 250 mL normal saline over 30 minutes on days 1 and 8**
  
- CARBOplatin AUC 5 = \_\_\_\_\_ mg**
  - Dose modification: **CARBOplatin 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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