

Doctor's Order Sheet  
**PACLitaxel 175 Regimen**  
**ARIA Protocol Name: PAC175**  
 Adult Chemotherapy - Medical Oncology  
 Advanced Urothelial Carcinoma Therapy

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

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

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



CC3200 0131 09 2020

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

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

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

- 45 minutes prior to PACLitaxel: dexamethasone 20 mg IV** in 50 mL normal saline over 15 minutes on day 1
- 30 minutes prior to PACLitaxel: diphenhydramine 50 mg IV** in 50 mL normal saline over 20 minutes on day 1
- 30 minutes prior to PACLitaxel: famotidine 20 mg IV** in 50 mL normal saline over 20 minutes on day 1
- metoclopramide 10 mg PO** on day 1
- Other: \_\_\_\_\_

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

- PACLitaxel  $175 \text{ mg/m}^2$  X BSA = \_\_\_\_\_ mg**
- Dose modification: **PACLitaxel  $175 \text{ mg/m}^2$  X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**
- IV** in 500 mL normal saline PVC Free over 180 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: \_\_\_\_\_

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