

Doctor's Order Sheet
CARBOplatin AUC 7

Regimen

ARIA Protocol Name: Carb AUC7

Adult Chemotherapy - Medical Oncology

Adjuvant Stage I High Risk Seminoma Cancer Therapy



CC3210 0132 10 2020

Name: _____

HCN: _____

Date of Birth: _____

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: 28 days** Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1.2 \times 10^9/L$ and platelets **greater than or equal to** $120 \times 10^9/L$, otherwise notify Medical Oncologist.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

- ondansetron 16 mg PO** on day 1
 dexamethasone 8 mg PO on day 1
 Other: _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

- CARBOplatin AUC 7** = _____ mg
 Dose modification: **CARBOplatin AUC 7** - _____ % = _____ 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: _____

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