

Doctor's Order Sheet

**gemcitabine 800 - PACLitaxel
80 - OXALIplatin 130 Regimen
(Part I)**

ARIA Protocol Name: Gemcitabine 800 Paclitaxel 80 Oxaliplatin 130

Adult Chemotherapy - Medical Oncology

CISplatin-refractory or Multiply Relapsed Germ Cell Cancer



CC3350 0146 12 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** $1.5 \times 10^9/L$ 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 10 mg IV** in 50 mL normal saline over 15 minutes on days 1 and 8
- ☐ **45 minutes prior to PACLitaxel: diphenhydrAMINE 25 mg IV** in 50 mL normal saline over 20 minutes on day 1 and 8
- ☐ **45 minutes prior to PACLitaxel: famotidine 20 mg IV** in 50 mL normal saline over 20 minutes on day 1 and 8
- ☐ **ondansetron 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: _____

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Doctor's Order Sheet

**gemcitabine 800 - PACLitaxel
80 - OXALiPlatin 130 Regimen**
(Part II)

ARIA Protocol Name: Gemcitabine 800 Paclitaxel 80 Oxaliplatin 130

Adult Chemotherapy - Medical Oncology

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

☐ **gemcitabine 800 mg/m² X BSA = _____ mg**

☐ Dose modification: **gemcitabine 800 mg/m² X BSA - _____ % = _____ mg**

IV in 250 mL normal saline over 30 minutes on days 1 and 8

☐ **PACLitaxel 80 mg/m² X BSA = _____ mg**

☐ Dose modification: **PACLitaxel 80 mg/m² X BSA - _____ % = _____ mg**

IV in 250 mL normal saline PVC Free over 60 minutes on days 1 and 8

☐ **OXALiPlatin 130 mg/m² X BSA = _____ mg**

☐ Dose modification: **OXALiPlatin 130 mg/m² X BSA - _____ % = _____ mg**

IV in 500 mL D5W over 120 minutes on day 1

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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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