

Doctor's Order Sheet  
**CARBOplatin AUC 5 -  
PACLitaxel 80 Regimen**  
(Part I)

**ARIA Protocol Name:** CarbAUC5 Pac80 Weekly  
Adult Chemotherapy - Gynecological Oncology  
Epithelial Ovarian, Primary Peritoneal,  
or Fallopian Tube Carcinoma Therapy



CC2080 0079 05 2021

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

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

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

**Allergies:**

**No Known**

Date: DD/MONTH/YYYY

Cycle      of     

**Cycle Duration: 21 days**

Planned Administration Date: DD/MONTH/YYYY

Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than or equal to**  $1 \times 10^9/L$  and platelets **greater than or equal to**  $100 \times 10^9/L$  on day 1, otherwise notify Gynecologic Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance 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, 8 and 15
- 30 minutes prior to PACLitaxel: diphenhydramINE 25 mg IV** in 50 mL normal saline over 15 minutes on days 1, 8 and 15
- 30 minutes prior to PACLitaxel: famotidine 20 mg IV** in 50 mL normal saline over 15 minutes on days 1, 8 and 15
- ondansetron 8 mg PO** on day 1
- 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 -  
PACLitaxel 80**

Regimen: (Part II)

**ARIA Protocol Name:** CarbAUC5 Pac80 Weekly

Adult Chemotherapy - Gynecological Oncology

Epithelial Ovarian, Primary Peritoneal,  
or Fallopian Tube Carcinoma Therapy

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

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

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



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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**PACLitaxel 80 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**

Dose modification: **PACLitaxel 80 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**

**IV** in 100 to 250 mL normal saline PVC Free with 0.2 micron in-line filter over 60 minutes on days 1, 8 and 15

**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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