

Doctor's Order Sheet
CARBOplatin AUC 6

Regimen

ARIA Protocol Name: Carb AUC6

Adult Chemotherapy - Gynecological Oncology
Uterine, Epithelial Ovarian, Primary Peritoneal,
or Fallopian Tube Carcinoma Therapy



CC2130 0084 07 2021

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 Gynecologic Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

ondansetron 8 mg PO on day 1

dexamethasone 12 mg PO on day 1

Other: _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

CARBOplatin AUC 6 = _____ mg

Dose modification: CARBOplatin AUC 6 - _____ % = _____ 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.