

Doctor's Order Sheet  
**CARBOplatin AUC 5 -  
DOCEtaxel 75 Regimen  
(Part I)**

**ARIA Protocol Name:** Carb AUC 5 Doce75

Adult Chemotherapy - Gynecologic Oncology  
Cervical, Epithelial Ovarian, Fallopian Tube,  
Endometrial & Primary Peritoneal Cancer Therapy



CC2090 0080 08 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 X 10<sup>9</sup>/L and platelets **greater than or equal to** 100 X 10<sup>9</sup>/L, otherwise notify Gynecologic Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

**PREMEDICATIONS (FOR COMMUNITY PHARMACY):**

**dexamethasone 8 mg PO** bid for 3 days starting the day before chemotherapy  
(Patient must receive a minimum of three doses prior to receiving treatment)

Other: \_\_\_\_\_

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

**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 -  
DOCEtaxel 75 Regimen**

(Part II)

**ARIA Protocol Name:** Carb AUC 5 Doce75

Adult Chemotherapy - Gynecologic Oncology

Cervical, Epithelial Ovarian, Fallopian Tube,

Endometrial & Primary Peritoneal Cancer Therapy

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

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

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



CC2090 0080 08 2021

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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**DOCEtaxel 75 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ **mg**

Dose modification: **DOCEtaxel 75 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_ % = \_\_\_\_\_ **mg**

**IV** in 250 to 500 mL normal saline PVC Free over 60 minutes on day 1

**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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