

Doctor's Order Sheet

**CARBOplatin AUC 5 -
PACLitaxel 175 - Kanjinti®
(trastuzumab) 8 mg/kg Cycle 1
Regimen (Part I)**

ARIA Protocol Name: CarbAUC5 Pac175 Kanjinti (trastuzumab)

Adult Chemotherapy - Gynecologic Oncology

Advanced Endometrial Cancer Therapy



CC3820 0193 05 2022

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

No Known

Date: DD/MONTH/YYYY
Cycle _____ of _____

Planned Administration Date: DD/MONTH/YYYY
Cycle Duration: **21 days** Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1 \times 10^9/L$ and platelets **greater than or equal to** $100 \times 10^9/L$, otherwise notify Gynecologic Oncologist.
- LFT's and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

- 45 minutes prior to PACLitaxel: dexamethasone 20 mg IV** in 50 mL normal saline over 15 minutes on day 1
- 30 minutes prior to PACLitaxel: diphenhydrAMINE 50 mg IV** in 50 mL normal saline over 15 minutes on day 1
Administer concurrently with famotidine via y-site.
- 30 minutes prior to PACLitaxel: famotidine 20 mg IV** in 100 mL normal saline over 15 minutes on day 1
Administer concurrently with diphenhydrAMINE via y-site.
- 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: _____

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Doctor's Order Sheet

**CARBOplatin AUC 5 -
PACLitaxel 175 - Kanjinti®
(trastuzumab) 8 mg/kg Cycle 1
Regimen (Part II)**

Name: _____

HCN: _____

Date of Birth: _____

ARIA Protocol Name: CarbAUC5 Pac175 Kanjinti (trastuzumab)

Adult Chemotherapy - Gynecologic Oncology

Advanced Endometrial Cancer Therapy



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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

PACLitaxel 175 mg/m² X BSA = _____ mg

Dose modification: **PACLitaxel 175 mg/m² X BSA - _____ % = _____ mg**

IV in 500 mL normal saline PVC Free over 180 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

Kanjinti® (trastuzumab) 8 mg/kg X Weight (kg) = _____ mg

IV in 250 mL normal saline over 90 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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