

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
- 30 minutes prior to PACLitaxel: diphenhydrAMINE 25 mg IV** in 50 mL normal saline over 15 minutes on day 1 and 8.
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 and 8.
Administer concurrently with diphenhydrAMINE via y-site.
- 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)

Name: _____

HCN: _____

Date of Birth: _____

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

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

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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