

Doctor's Order Sheet
PACLitaxel 80 - ramucirumab
8 mg/kg Regimen (Part I)
 Adult Chemotherapy - Medical Oncology
 Metastatic, Locally Advanced Gastric or
 Gastroesophageal Junction Adenocarcinoma

Name: _____

HCN: _____

Date of Birth: _____



CC2350 0106 10 2020

Allergies: No Known

Date: DD/MONTH/YYYY Planned Administration Date : DD/MONTH/YYYY
 Cycle _____ of _____ **Cycle Duration: 28 days** Date of previous cycle: DD/MONTH/YYYY

- MAY PROCEED WITH DOSES AS WRITTEN IF:**
- ANC **greater than or equal to** 1.5 X 10⁹/L and platelets **greater than or equal to** 100 X 10⁹/L, otherwise notify Medical Oncologist.
 - LFT's and Bilirubin assessed.
 - Blood pressure assessed
 - Proteinuria-Urinalysis: Assess at baseline, before each cycle and before day 15. If urine protein level is 2+ or higher, perform 24-hour urine collection. If this is abnormal, dose reductions are required

- PREMEDICATIONS (FOR HOSPITAL PHARMACY):**
- 45 minutes prior to treatment: dexamethasone 10 mg IV** in 50 mL normal saline over 15 minutes on days 1, 8 and 15
 - 30 minutes prior to treatment: diphenhydrAMINE 25 mg IV** in 50 mL normal saline over 15 minutes on days 1, 8 and 15. Administer concurrently with famotidine via y-site.
 - 30 minutes prior to treatment: famotidine 20 mg IV** in 100 mL normal saline over 15 minutes on days 1, 8 and 15. Administer concurrently with diphenhydrAMINE via y-site.
 - acetaminophen 500mg PO** pre ramucirumab on days 1 and 15, if prior grade 1 or 2 infusion reaction to ramucirumab
 - 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
PACLitaxel 80 – ramucirumab
8 mg/kg Regimen (Part II)
 Adult Chemotherapy - Medical Oncology
 Metastatic, Locally Advanced Gastric or
 Gastroesophageal Junction Adenocarcinoma

Name: _____
 HCN: _____
 Date of Birth: _____



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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

- ramucirumab 8 mg/kg** X Weight (kg) = _____ mg
 - Dose modification: **ramucirumab 8 mg/kg** X Weight (kg) - _____ % = _____ mg
 - IV** in 250 normal saline over 60 minutes on days 1 and 15

- PACLitaxel 80 mg/m²** X BSA = _____ mg
 - Dose modification: **PACLitaxel 80 mg/m²** X BSA - _____ % = _____ mg
 - IV** in 100 to 250 mL normal saline PVC Free over 60 minutes on day 1, 8 and 15

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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