CANCERCare
A PROGRAM OF EASTERN HEALTH
Cancer Care Program

Doctor's Order Sheet

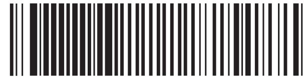
pembrolizumab 2 mg/kg - PACLitaxel 80 - CARBOplatin AUC 1.5 - DOXOrubin 60 - cyclophospamide 600

Regimen: Cycles 1-4 (Part I)

ARIA Protocol Name: Pembro 2mg/kg Pac80 CarbAUC1.5; Pembro 2 mg/kg Doxo60 Cyclo600

Adult Chemotherapy - Medical Oncology

Untreated Triple Negative Breast Cancer Therapy



CC4990 0309 04 2023

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 10^9/L and platelets **greater than or equal to** 90 X 10^9/L, otherwise notify Medical Oncologist.
- LFT's and Bilirubin assessed.
- Creatinine clearance assessed.
- Thyroid function 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, 8 and 15.

☐ **30 minutes prior to PACLitaxel: 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 PACLitaxel: 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.

☐ **ondansetron 8 mg PO** on days 1, 8 and 15.

☐ 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.

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HCN:

Date of Birth:

Doctor's Order Sheet

pembrolizumab 2 mg/kg - PACLitaxel 80 - CARBOplatin AUC 1.5 - DOXOrubin 60 - cyclophospamide 600

Regimen: Cycles 1-4 (Part II)

ARIA Protocol Name: Pembro 2mg/kg Pac80 CarbAUC1.5; Pembro 2 mg/kg Doxo60 Cyclo600

Adult Chemotherapy - Medical Oncology

Untreated Triple Negative Breast Cancer Therapy

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Weight: _________kg Height:___________________________cm Body Surface Area (BSA) = _______________

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

☐ **pembrolizumab 2 mg/kg** X Weight (kg) = ___________ **mg (maximum dose 200 mg)**

IV in 50 mL normal saline over 30 minutes on day 1

☐ **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 with 0.2 micron in-line filter over 60 minutes on days 1, 8 and 15

☐ **CARBOplatin AUC 1.5 = ___________ mg**

☐ Dose modification: **CARBOplatin AUC 1.5**- _________% =_________ **mg**

IV in 250 mL normal saline over 30 minutes on days 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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