

Doctor's Order Sheet
**CARBOplatin AUC 2 -
PACLitaxel 60 Regimen**
(Part I)

Name: _____

HCN: _____

Date of Birth: _____

ARIA Protocol Name: CarbAUC2 Pac60 Weekly (MITO-7)

Adult Chemotherapy - Gynecologic Oncology

Ovarian, Primary Peritoneal or Fallopian Tube Carcinoma Therapy



CC3610 0172 09 2021

Allergies:

No Known

Date: DD/MONTH/YYYY
Cycle _____ of _____

Cycle Duration: 21 days

Planned Administration Date: DD/MONTH/YYYY
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** $75 \times 10^9/L$, otherwise notify Gynecologic Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance 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.
- 30 minutes prior to CARBOplatin: ondansetron 8 mg PO** 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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Doctor's Order Sheet
**CARBOplatin AUC 2 -
PACLitaxel 60 Regimen**
(Part II)

ARIA Protocol Name: CarbAUC2 Pac60 Weekly (MITO-7)
Adult Chemotherapy - Gynecological Oncology
Ovarian, Primary Peritoneal or Fallopian Tube Carcinoma Therapy



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Name: _____

HCN: _____

Date of Birth: _____

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

PACLitaxel 60 mg/m² X BSA = _____ mg

Dose modification: **PACLitaxel 60 mg/m²** X BSA - _____ % = _____ mg

IV in 100 to 250 mL normal saline PVC Free over 60 minutes on days 1, 8 and 15

CARBOplatin AUC 2 = _____ mg

Dose modification: **CARBOplatin AUC 2**- _____ % = _____ 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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