

Doctor's Order Sheet  
**PACLitaxel 80 Regimen**  
(Part I)

**ARIA Protocol Name:** Pac80 D1,8,15 q28d  
Adult Chemotherapy – Medical Oncology  
Metastatic Breast Cancer Therapy



CC6250 0435 02 2024

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**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 10<sup>9</sup>/L and platelets **greater than or equal to** 100 X 10<sup>9</sup>/L, otherwise notify Medical 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.

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 Regimen**  
(Part II)

**ARIA Protocol Name:** Pac80 D1,8,15 q28d  
Adult Chemotherapy - Medical Oncology  
Metastatic Breast Cancer Therapy



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Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**PACLitaxel 80 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ mg

Dose modification: **PACLitaxel 80 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg

**IV** in 250 mL normal saline PVC Free over 60 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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