

Doctor's Order Sheet

CARBOplatin AUC 5 - etoposide phosphate 100 Regimen (Part I)

ARIA Protocol Name: CarbAUC5 Etoposide Phosphate 100 D1,2,3

Adult Chemotherapy - Medical Oncology

Large Cell Neuroendocrine Lung Cancer Therapy



CC6050 0415 10/2023

Name: _____

HCN: _____

Date of Birth: _____

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

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.
- LFTs and Bilirubin assessed.
- Creatinine Clearance assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

- ☐ ondansetron 8 mg PO on days 1, 2 and 3
- ☐ dexamethasone 8 mg PO on days 1, 2 and 3
- ☐ hydrocortisone sodium succinate 100 mg IV in 50 mL normal saline over 20 minutes on days 1, 2 and 3.
- ☐ famotidine 20 mg IV in 100 mL normal saline over 15 minutes on days 1, 2 and 3. Administer concurrently with diphenhydrAMINE via y-site
- ☐ diphenhydrAMINE 50 mg IV in 50 mL normal saline over 15 minutes on days 1, 2 and 3. Administer concurrently with famotidine 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: _____

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Doctor's Order Sheet

CARBOplatin AUC 5 - etoposide phosphate 100 Regimen (Part II)

ARIA Protocol Name: CarbAUC5 Etoposide Phosphate 100 D1,2,3

Adult Chemotherapy - Medical Oncology

Large Cell Neuroendocrine Lung Cancer Therapy



CC6050 0415 10/2023

Name: _____

HCN: _____

Date of Birth: _____

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

☐ **CARBOplatin AUC 5** = _____ mg

☐ Dose modification: **CARBOplatin AUC 5** - _____ % = _____ mg

IV in 250 mL normal saline over 30 minutes on day 1

☐ **etoposide phosphate 100 mg/m²** X BSA = _____ mg

☐ Dose modification: **etoposide phosphate 100 mg/m²** X BSA - _____ % = _____ mg

IV in 500 mL normal saline over 45 minutes on days 1, 2 and 3

Ensure patient is enrolled in Special Access Program through Health Canada in order to receive Etoposide Phosphate.

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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