PHYSICIAN ORDERS
CHEMOTHERAPY (Carboplatin + Gemcitabine)

DATE TO BEGIN: __________ CYCLE: __________ REGimen/PROtocol: Carboplatin + Gemcitabine (Every 21 Days)

PRIMARY DIAGNOSIS: Ovarian Cancer □ Other*: __________

*When selecting other diagnosis please provide protocol

ALLERGIES/REACTIONS:

Goal of Chemotherapy: □ Curative □ Palliative □ Neoadjuvant □ Adjuvant

MD to indicate which weight to use: □ Actual □ Ideal □ Adjusted

HEIGHT (cm): ACTUAL WEIGHT (kg): and BSA (m²):

IDEAL WEIGHT (kg): and BSA (m²):

ADJUSTED WEIGHT (kg): and BSA (m²):

Dosing calculations to be completed by Pharmacist:

<table>
<thead>
<tr>
<th>CHEMOTHERAPY</th>
<th>MEDICATION ORDERS</th>
<th>DOSE (mg/m²)</th>
<th>BSA (m²)</th>
<th>DOSE TO BE GIVEN</th>
<th>ROUTE</th>
<th>INFUSE OVER</th>
<th>DATE(S) AND FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin</td>
<td>Area Under the Curve = 4</td>
<td>See attached worksheet</td>
<td>=</td>
<td>IV</td>
<td>30 minutes</td>
<td>Day 1</td>
<td></td>
</tr>
<tr>
<td>Gemcitabine</td>
<td>1,000 mg/m²</td>
<td>X</td>
<td>=</td>
<td>IV</td>
<td>30 minutes</td>
<td>Days 1 and 8</td>
<td></td>
</tr>
</tbody>
</table>

NOTE Maximum carboptatin dose limits for AUC and CrCl

Carboptatin Dose Adjustment Parameters (Physician to complete)

- Do not adjust as long as Creatinine Clearance remains above
- Select ONE: □ 60 ml/minute □ 50 ml/minute
- Do not increase dose with improved renal function (decreased SCR)
- Decrease dose if current calculated dose is decreased greater than 10% from the baseline dose
- Increase or decrease dose if the difference between the current calculated dose is greater than 10% from the baseline dose
- Contact MD for dose adjustments if the difference between the current calculated dose is greater than 10% from the baseline dose

HYDRATION ORDERS

<table>
<thead>
<tr>
<th>HYDRATION SOLUTION</th>
<th>ADDITIVES</th>
<th>RATE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE CHEMOTHERAPY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING CHEMOTHERAPY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFTER CHEMOTHERAPY</td>
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</tbody>
</table>

DOSE MODIFICATION (MD TO BE NOTIFIED IF ANY OF THE FOLLOWING OCCUR):

- Absolute Neutrophil Count (ANC) less than 1,000
- Platelets less than 100,000
- Serum Creatinine greater than 1.3 mg/dL or increase of greater than or equal to 0.5 mg/dL from previous level

Physician Initial: __________________________

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### PHARMACY TO MANAGE ANTIEMETICS

<table>
<thead>
<tr>
<th>ANTIEMETIC ORDERS/DRUG NAME</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ondansetron</td>
<td>16 mg</td>
<td>PO</td>
<td>30 minutes per-chemo (Day 1)</td>
</tr>
<tr>
<td></td>
<td>24 mg</td>
<td>PO</td>
<td></td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>12 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 1 and Day 8)</td>
</tr>
<tr>
<td></td>
<td>8 mg</td>
<td>PO</td>
<td>Daily (Days 2-3)</td>
</tr>
<tr>
<td>Fosaprepitant (Optional)</td>
<td>150 mg</td>
<td>IV</td>
<td>30 minutes pre-chemo (Day 1)</td>
</tr>
<tr>
<td>Dexamethasone (with fosaprepitant)</td>
<td>12 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Day 1 and Day 8)</td>
</tr>
<tr>
<td></td>
<td>8 mg</td>
<td>PO</td>
<td>Daily (Day 2) THEN twice daily (Day 3)</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>0.5-1 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo times 1 dose PRN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>anxiety</td>
</tr>
</tbody>
</table>

Outpatient Prescription(s): *(for outpatients or early discharge)*

**TESTS:**
- [ ] MUGA Scan
- [ ] ECG
- [x] Other:

**LABS – PRIOR TO THE START OF EACH CHEMO CYCLE:** CBC with differential, CMP, Magnesium, CA-125

**LABS – WEEKLY:** CBC with differential

**LABS – 3-4 WEEKS AFTER LAST CYCLE:** CBC with differential

- [ ] Nurse May Initiate CVAD Management Per Nursing Protocol #910.00
- [ ] Nurse May Utilize Local Anesthetic For CVAD Access Per Nursing Protocol #788
- [ ] Nurse May Initiate IV Catheter Care, Outpatient Physician Order #858
- [ ] For Infusion Reactions Initiate Drug Related Hypersensitivity Physician Order #774

**MEDICATIONS:**
- [ ] Filgrastim (Neupogen) _________ mcg subcutaneously daily starting on Day _________ for _________ days
  - OR until ANC greater than __________

Other:

**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated and signed below.

*PHARMACIST SIGNATURE: ______________________ Date: ______________________*

*PHYSICIAN SIGNATURE: ______________________ Date: ______________________*

Another brand of drug, identical in form and content, may be dispensed unless checked. [ ]