**Revised J**

**PHYSICIAN ORDERS**

**CHEMOTHERAPY** (CARBOPLATIN + PACLITAXEL)

**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>DATE TO BE GIVEN:</th>
<th>CYCLE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PRIMARY DIAGNOSIS**: 

REGIMEN/PROTOCOL: CARBOPLATIN/PACLITAXEL

*Multiple indications – provide protocol*

**ALLERGIES/REACTIONS:**

Goal of Chemotherapy: 

- □ Curative
- □ Palliative
- □ Neoadjuvant
- □ Adjuvant

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 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>Paclitaxel</td>
<td>175 mg/m² or</td>
<td>X</td>
<td></td>
<td>IV</td>
<td>3 hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>_____ mg/m²</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Carboplatin**

Area Under the Curve (AUC) = 6 or _____ AUC

See attached worksheet

= IV

30 minutes

**NOTE** Maximum carboplatin dose limits for AUC and CrCl

**Carboplatin 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**

**HYDRATION SOLUTION/VOLUME**

ADDITIVES     RATE     DURATION

BEFORE CHEMOTHERAPY

DURING CHEMOTHERAPY

OTHER IV THERAPY

**HOLD CHEMOTHERAPY FOR THE FOLLOWING REASONS:**

Absolute Neutrophil Count (ANC) Less Than __________ (typically less than 1,000)

Platelets Less Than __________ (typically less than 100,000)

Other: __________

**PACLITAXEL PRE-MEDICATIONS**

<table>
<thead>
<tr>
<th>PRE-MEDICATION</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphenhydramine</td>
<td>50 mg</td>
<td>IV</td>
<td>30 minutes pre-chemo</td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>20 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Famotidine</td>
<td>20 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physician initial:**

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**PATIENT INFORMATION**

**Franciscan Health System**

St. Joseph Medical Center, Tacoma, WA
St. Francis Hospital, Federal Way, WA
St. Clare Hospital, Lakewood, WA
St. Elizabeth Hospital, Enumclaw, WA
St. Anthony Hospital, Gig Harbor, WA

**PHYSICIAN ORDERS**

CHEMOTHERAPY

(CARBOPLATIN + PACLITAXEL)
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 pre-chemo (Day 1)</td>
</tr>
<tr>
<td></td>
<td>24 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dexamethasone</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>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 anxiety</td>
</tr>
</tbody>
</table>

PRN ANTIEMETICS (FOR INPATIENT USE)

NOTE: Number the antiemetics below in the order to be used. The nurse will select #1 as the first medication to be given and may alternate #2. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.

<table>
<thead>
<tr>
<th>ANTIEMETIC ORDERS/DRUG NAME</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorazepam</td>
<td>0.5-1 mg</td>
<td>IV</td>
<td>Every 4 hours PRN nausea/vomiting/anxiety</td>
</tr>
<tr>
<td>Promethazine</td>
<td>12.5-25 mg or 6.25-12.5 mg**</td>
<td>IV</td>
<td>Every 4 hours PRN nausea/vomiting</td>
</tr>
</tbody>
</table>

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

**For patients 65 years old and greater

TESTS:
- Muga Scan
- ECG

INPATIENT LABS

NOW: CBC BMP CMP Other
DAILY: CBC BMP CMP Other

OUTPATIENT LABS:
BEFORE EACH CYCLE: CBC BMP CMP Other
WEEKLY: CBC BMP CMP Other

OTHER LABS AND FREQUENCY:
- Urine Output: If urine output is less than give times days
- 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:
- Allopurinol 300 mg PO daily

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

DATE TIME PHARMACIST’S SIGNATURE
DATE TIME PHYSICIAN’S SIGNATURE

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

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