

REVISED August 2012

PACLITAXEL

Weekly x 4

1 cycle = 4 weekly doses

Date written	To begin			r cycle =	- weekly (10303	
Patient's Height	_cm Weightkg □Yes: Metastatic Sit			rotocol: Yes # No ource of Drug			
	■None needed prior to first dose of chemo ■Additional labs needed prior to first dose chemo:			□Routine supply □Protocol supply □Other			
2. Consent Obtained?							
☐ Preprinted Co☐ See Dictated☐ Note in Chart	Note						
3. Infusion Room Gen	eral Order will be initiated.	197. 1					
Hydration:			0				
5. Chemotherapy dose	calculation: (calculate 100% do axel 80 / 100 mg/m² =	nse)	-]-, fo., 4 d		1 h		
7. For each dose if WE parameters not met. MD. MD to see to	none Prochlorperazine 10 mg po BC > 3.0 and PLT > 100,000 and , call MD for dose adjustment. begin each cycle.	ANC >1.5 proceed w. Any dose modifications	s (dose or t	ime interval)	must be sig	gned by	
	to be given vary from calculated	Cycle #/ Week # (Percent dose)	/1	/2	/3	/4	
100% dose	% of full dose.	Date			,	()	
☐ Yes Give		Weight/BSA					
This s	should be the dose written in the	WBC/ANC					
grid. Re	on:	Hb/Hct					
Planned eve		Platelets					
	ents for next cycle:	Paclitaxel dose (mg)					
		Growth Factor MD/RN Signature					
MR CH	HEMO ORDER						