PENNSTATE HERSHEY
Cancer Institute

REVISED December 2010

# CARBOPLATIN / ETOPOSIDE

**Date written _____ To begin _____**

Patient's: Height_____cm Weight_____kg BSA_____$m^2$
Allergies: ☐No ☐Yes: _____
Diagnosis _____Metastatic Site_____

Protocol:
☐Yes #_____
☐ No
Source of Drug:
☐Routine supply
☐Protocol supply
☐Other

1. Laboratory Studies: ☐None Needed
☐Additional labs needed prior to first dose chemo:
_____

**WBC _____ Hb/Hct _____ Plt _____ Bun/Creat _____ Date of Labs _____**

2. Consent Obtained ?
☐ Yes
☐ Preprinted Consent
☐ See Dictated Note
☐ Note in Chart
☐ No Plan: _____

3. Infusion Room General Order Set will be initiated

4. Chemotherapy: Cycle # _____

**Day 1**

**Ondansetron, 24 mg po 30 minutes pre chemo.**
**Dexamethasone, 20 mg po 30 minutes pre chemo.**

**Circle desired carboplatin dose.**
**Carboplatin, AUC = 5 / 6 / 7 = _____mg IV infuse over 30 min.**
**Etoposide, 80 / 100 mg/$m^2$ = _____mg IV infuse over 1 hour.**

**Day 2, 3**

**Ondansetron, 24 mg po pre chemo.**
**Dexamethasone, 20 mg po pre chemo.**
**Etoposide, 80 / 100 mg/$m^2$ = _____mg IV infuse over 1 hour**

5. Subsequent Doses: Patient to be seen prior to each cycle by MD, orders will be written for each.

**MD/Preparer's Signature _____**

**Attending Physician Signature_____**

MR CHEMO ORDER