PENNSTATE HERSHEY
Cancer Institute

PACLITAXELWeekly with Cyclophosphamide Every 3 Weeks

1 cycle = 3 weeks

REVISED December 2010

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 prior to first dose of chemo
   ☐Additional labs needed prior to first dose chemo:
   _____
2. Consent Obtained ?
   ☐ Yes
      ☐ Preprinted Consent
      ☐ See Dictated Note
      ☐ Note in Chart
   ☐ No Plan: _____
3. Infusion Room General Order will be initiated.
4. Premedications: (For all cycles, unless otherwise specified)
   Hydration: **none**
   Antiemetics: **30' pre Paclitaxel: Dexamethasone 10mg po**
   Diphenhydramine 50mg po
   Famotidine 20 mg po
   30' pre cyclophosphamide: Ondansetron 16mg po
5. Chemotherapy dose calculation: (calculate 100% of dose)
   Paclitaxel 80 / 100 mg/m^2 = _____mg IV weekly for 3 doses infuse over 1 hour
   Cyclophosphamide 400 / 500 / 600 mg/m^2 = _____mg IV every 3 weeks over 1 hour x1
6. Post Chemotherapy: (For each cycle, unless otherwise specified)
   Hydration: **none**
   Antiemetics: **Prochlorperazine 10 mg po q 4-6 hrs, prn**
7. For each dose if WBC >3.0 and PLT >100,000 and ANC >1.5 proceed with dose as written; RN to initial each. If parameters not met, call MD for dose adjustment. Any dose modifications (dose or time interval) must be signed by MD. MD to see to begin each cycle.

MD/Preparer's Signature _____ Attending Physician Signature_____

Does dose to be given vary from calculated 100% dose?
☐ No
☐ Yes
Give _____ % of full dose.
This should be the dose written in the grid.
Reason: _____
_____
_____

Planned events for next cycle:
_____
_____
_____

Cycle #/ Week # (Percent dose)	**___/1** ( )	**___/2** ( )	**___/3** ( )
Date			
Weight/BSA			
WBC/ANC			
Hb/Hct			
BUN/CR			
Paclitaxel dose mg IV			
Cyclophosphamide dose mg IV			
Growth Factors			
MD/RN Signature			

MR CHEMO ORDER