PENNSTATE HERSHEY
Cancer Institute

REVISED July 2015

# PACLITAXEL/CARBOPLATIN

Date written _____ To begin _____ **(Weekly) Doses 1-3**

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

1. Laboratory Studies: CBC, Diff, Plts, Bun, Creatinine
   ☐ Additional labs needed prior to first dose chemo

Call MD if ANC <1500; HCT<25; PLT<100k or Bun or Creatinine elevated above normal; Otherwise proceed with therapy.

2. Consent Obtained ?
   ☐ Yes ☐ Preprinted Consent ☐ See Dictated Note
   ☐ Note in Chart
3. Infusion Room General Order Set will be initiated
4. Premedications: (For all cycles, unless otherwise specified)
   Antiemetics: **Ondansetron 16mg p.o.**
   **Dexamethasone 20mg p.o.**
   **Famotidine 20mg IV**
   **Diphenhydramine 50mg IV**

| **Dose #** | **1** | **2** | **3** | **If chemo delayed** |
|---|---|---|---|---|
| Day | 1 | 8 | 15 | |
| Date | | | | |
| Weight/BSA | | | | |
| WBC/ANC | | | | |
| Hb/Hct | | | | |
| Platelets | | | | |
| Creatinine | | | | |
| Dose delayed or not given (reason) | | | | |
| RN Signature | | | | |

5. Chemotherapy

**Paclitaxel ☐ Full dose: 45 mg/$m^2$=_____mg**

**☐ Instead of full dose, give _____% of dose = _____ mg**
**IV days 1, 8, and 15 over 1 hour**

**Carboplatin AUC 2 =_____mg given IV weekly x_____ (Dose cap 300mg)**

**☐ Instead of full dose, give AUC of 1.5 = _____ mg**
**IV days 1, 8, and 15 over 30 min**

**Preparer's Signature _____ Date_____**

**Attending's Signature Printed name Pager number Date Time AM/PM**

MR CHEMO ORDER

PENNSTATE HERSHEY
Cancer Institute

REVISED July 2015

# PACLITAXEL/CARBOPLATIN

Date written _____ To begin _____ **(Weekly) Subsequent Doses**

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

1. Laboratory Studies: CBC, Diff, Plts, Bun, Creatinine
   ☐ Additional labs needed prior to first dose chemo

Call MD if ANC <1500; HCT<25; PLT<100k or Bun or Creatinine elevated above normal; Otherwise proceed with therapy.

2. Consent Obtained ?
   ☐ Yes ☐ Preprinted Consent ☐ See Dictated Note
   ☐ Note in Chart
3. Infusion Room General Order Set will be initiated
4. Premedications: (For all cycles, unless otherwise specified)
   Antiemetics: **Ondansetron 16mg p.o.**
   **Dexamethasone 20mg p.o.**
   **Famotidine 20mg IV**
   **Diphenhydramine 50mg IV**

| **Dose #** | | | | **If chemo delayed** |
|---|---|---|---|---|
| Day | | | | |
| Date | | | | |
| Weight/BSA | | | | |
| WBC/ANC | | | | |
| Hb/Hct | | | | |
| Platelets | | | | |
| Creatinine | | | | |
| Dose delayed or not given (reason) | | | | |
| RN Signature | | | | |

5. Chemotherapy

**Paclitaxel ☐ Full dose: 45 mg/$m^2$=_____mg**

**☐ Instead of full dose, give _____% of dose = _____ mg**
**IV weekly X 3 doses over 1 hour**

**Carboplatin AUC 2 =_____mg given IV weekly x_____(Dose cap 300mg)**

**☐ Instead of full dose, give AUC of 1.5 = _____ mg**
**IV weekly X 3 doses over 30 min**

**Preparer's Signature _____ Date_____**

**Attending's Signature Printed name Pager number Date Time AM/PM**

MR CHEMO ORDER