

**CARBOPLATIN / ETOPOSIDE CHEMOTHERAPY ORDER SET FOR
 OUTPATIENT CANCER CENTER**
Pharmacy and Therapeutics Committee

Diagnosis: _____

Height: _____ cm Weight: _____ kg
 Dosing Weight (insert if different from actual) Ideal Adjusted
 BSA: _____

1. Laboratory Orders:

2. Pre/Post Hydration Orders:

3. Pre-meds (to be administered 30 minutes prior to chemotherapy):

Dexamethasone (Decadron) _____ mg IV / PO DAY 1 and _____ mg IV / PO DAY 2 and 3

Ondansetron (Zofran) _____ mg IV / PO DAY 1 and _____ mg IV / PO DAY 2 and 3

Other: _____

4. Chemotherapy Orders:

Preconditional (if any): _____

Carboplatin (Paraplatin) _____ mg OR AUC (Area under the Curve) of _____ = _____ mg IVPB over 1 to 2 hours DAY 1 ONLY

Etoposide (Toposar) _____ IVPB over 2 hours DAY 1,2 and 3

Therapy to begin on _____ Regimen repeated every _____ weeks for _____ times

5. Hematopoietic Agents:

6. Additional Orders:

Date: _____ Time: _____ Signature: _____

Pharmacy and Therapeutics Committee

Retreatment Schedule	Nurse Initials	Date	Retreatment Schedule	Nurse Initials	Date
Cycle 1 Day 1			Cycle 4 Day 1		
Cycle 1 Day 2			Cycle 4 Day 2		
Cycle 1 Day 3			Cycle 4 Day 3		
Cycle 2 Day 1			Cycle 5 Day 1		
Cycle 2 Day 2			Cycle 5 Day 2		
Cycle 2 Day 3			Cycle 5 Day 3		
Cycle 3 Day 1			Cycle 6 Day 1		
Cycle 3 Day 2			Cycle 6 Day 2		
Cycle 3 Day 3			Cycle 6 Day 3		