

**CARBOPLATIN/GEMCITABINE 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 DAYS _____

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

Other: _____

4. Chemotherapy Orders:

Preconditional (if any): _____

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

Gemcitabine (Gemzar) _____ IVPB over 30 minutes DAYS _____

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 Day | | | Cycle Day | | |
| Cycle Day | | | Cycle Day | | |
| Cycle Day | | | Cycle Day | | |
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