

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

Diagnosis: \_\_\_\_\_

Height: \_\_\_\_\_ cm

Weight: \_\_\_\_\_ kg

1. Laboratory Orders:

2. Pre/Post Hydration Orders:

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

Diphenhydramine (Benadryl) \_\_\_\_\_ mg IV / PO (*circle one route*)

Dexamethasone (Decadron) \_\_\_\_\_ mg IV / PO (*circle one route*)

Famotidine (Pepcid) \_\_\_\_\_ mg IV / PO (*circle one route*)

Ondansetron (Zofran) \_\_\_\_\_ mg IV / PO (*circle one route*)

Other: \_\_\_\_\_

4. Chemotherapy Orders:

Proceed with chemotherapy if:

Dose modification:

Carboplatin (Paraplatin) \_\_\_\_\_ mg OR AUC (Area Under the Curve) of \_\_\_\_\_ = \_\_\_\_\_ mg IVPB over 1 to 2 hours

Paclitaxel (Taxol) \_\_\_\_\_ IVPB over 1 to 2 hours

*Therapy to begin on \_\_\_\_\_ Regimen repeated every \_\_\_\_\_ weeks for \_\_\_\_\_ cycles*

5. Hematopoietic Agents:

6. Additional Orders:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_

*Pharmacy and Therapeutics Committee*