

**WEEKLY CARBOPLATIN / PACLITAXEL 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 (*circle one route*)
 Ondansetron (Zofran) _____ mg IV / PO (*circle one route*)
 Other:

4. Chemotherapy Orders:

Preconditional (if any):

Carboplatin (Paraplatin) _____ mg or AUC (Area Under the Curve) _____ = _____ mg IVPB
 over 1 to 2 hours
 Paclitaxel (Taxol) _____ IVPB over 1 to 2 hours

Therapy to begin on _____ Regimen repeated weekly for _____ weeks

5. Hematopoietic Agents:

6. Additional Orders:

Date: _____ Time: _____ Signature: _____

Pharmacy and Therapeutics Committee

Retreatment Schedule	Nurse Initials	Date	Retreatment Schedule	Nurse Initials	Date
Cycle			Cycle		
Cycle			Cycle		
Cycle			Cycle		