

PROTOCOL CODE: SAAVERIB

DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE:	To be given:	Cycle #:
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff and platelets day 1 of treatment May proceed with doses as written, if within 48 hours ANC greater than or equal to 1.0 x 10⁹/L and Platelets greater than or equal to 75 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Renal Function <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____ <input type="checkbox"/> prochlorperazine 10 mg PO prior to treatment, OR <input type="checkbox"/> metoclopramide 10 to 20 mg PO prior to treatment <input type="checkbox"/> Other: _____		
CHEMOTHERAPY: DAY 1 and 8 eriBULin 1.4 mg/m ² /day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV push over 2 to 5 minutes on Day 1 and Day 8.		
OR		
DOSE MODIFICATION REQUIRED ON DAY 8 eriBULin 1.4 mg/m ² /day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV push over 2 to 5 minutes on Day _____.		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo on Day 1 and Day 8* <input type="checkbox"/> Last Cycle. Return in _____ weeks. *if day 8 treatment given on day 15, start of next cycle is 2 weeks from day 15		
CBC & Differential, platelets, total bilirubin, ALT, alkaline phosphatase, creatinine, sodium, potassium prior to Day 1 CBC & Differential, platelets, creatinine prior to Day 8 If clinically indicated: <input type="checkbox"/> Total Protein <input type="checkbox"/> Albumin <input type="checkbox"/> BUN <input type="checkbox"/> INR <input type="checkbox"/> Calcium <input type="checkbox"/> Magnesium <input type="checkbox"/> ECG <input type="checkbox"/> Other Tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: