



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: SAAVTC

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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, platelets day of treatment				
May proceed with doses as written if within 24 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, and Creatinine Clearance greater than or equal to 40 mL/min				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
ondansetron 8 mg PO prior to treatment				
dexamethasone 8 mg PO/IV prior to treatment				
<input type="checkbox"/> LORazepam 1 mg PO prn				
Other: Ensure that patient has taken at least 500 mL fluid PO prior to therapy. If not, prehydrate daily with NS at 500 ml over 30 minutes to 1 hour				
CHEMOTHERAPY:				
cyclophosphamide 250 mg/m ² /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 100 mL NS over 20 minutes to 1 hour daily x 4 or 5 days (<i>circle one</i>)				
topotecan 0.5 mg/m ² /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 25 to 50 mL NS over 30 minutes daily x 4 or 5 days (<i>circle one</i>)				
<u>OR</u> if filgrastim (G-CSF) available:				
topotecan 0.75 mg/m ² /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 50 mL NS over 30 minutes daily x 4 or 5 days (<i>circle one</i>)				
Posthydration Days 1 to 4 or 5 (<i>circle one</i>): D5-NS at 500 mL over 30 minutes to 1 hour				
Instruct patient to drink at least 2 L of fluid in 24 hours				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:



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RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo x 4 or 5 (<i>circle one</i>) days. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC and Differential, Platelets, Creatinine, BUN, Bilirubin, ALT, sodium, potassium, Phosphate, and Albumin prior to each cycle. Urinalysis prior to each cycle. Notify physician if patient has hematuria. CBC and Differential, Platelets weekly <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: