



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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

PROTOCOL CODE: SAVDC

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### DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy and Alert Form.

Date of Previous Cycle: \_\_\_\_\_

**DATE:**

**To be given:**

**Cycle #:**

- Delay treatment \_\_\_\_\_ week(s)
- CBC & Diff, Platelets** day of treatment
- May proceed with doses as written if within 96 hours **ANC greater than or equal to 0.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L** pre-XRT/pre operation phase
- May proceed with doses as written if within 96 hours ANC greater than or equal to 0.75 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L** post XRT and post operation
- Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_
- Proceed with treatment based on blood work from** \_\_\_\_\_

PREMEDICATION: Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_  
**dexamethasone**  **8 mg** or  **12 mg** (select one) PO 30 to 60 minutes prior to treatment  
 and **select ONE** of the following:

- ondansetron 8 mg** PO 30 to 60 minutes prior to treatment
- aprepitant 125 mg** PO 30 to 60 minutes prior to treatment on Day 1, then **80 mg** PO daily on Day 2 and 3  
**ondansetron 8 mg** PO 30 to 60 minutes prior to treatment
- netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to treatment

#### CHEMOTHERAPY:

**vinCRiStine 1.5 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg (Maximum dose = 2 mg)  
 Dose modification (\_\_\_\_\_%)= \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg (Maximum dose = 2 mg)  
 IV in 50 mL NS over 15 min

**DACTINomycin: (check one)**

- DACTINomycin: omit during radiation therapy**
- DACTINomycin 40 mcg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg (Maximum dose = 2.5 mg)  
 Dose modification (\_\_\_\_\_% ) x **40 mcg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg  
 ( Maximum dose = 2.5 mg)  
 IV push

**cyclophosphamide 1200 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg  
 Dose modification (\_\_\_\_\_%)= \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg  
 IV in 500 mL D5½-NS over 60 minutes

#### RETURN APPOINTMENT ORDERS

- Return in  **four** or  **six** (select one) weeks for **SAVDC** for Doctor and Cycle # \_\_\_\_\_
- Admit in  **four** or  **six** (select one) weeks for **SAVDC** for \_\_\_\_\_ days
- Return in  **two** or  **three** (select one) weeks for **SAIME** for Doctor and Cycle # \_\_\_\_\_
- Admit in  **two** or  **three** (select one) weeks for **SAIME** for \_\_\_\_\_ days
- Sarcoma Conference \_\_\_\_\_ (specify date)
- Last Cycle. Return to clinic in \_\_\_\_\_ weeks.

Before each cycle:

SAVDC: **CBC & Diff, Platelets, Creatinine, ALT, Alk Phos, Bilirubin, GGT, LDH**  
 SAIME: **CBC & diff, Platelets, sodium, potassium, Creatinine, Bilirubin, Phosphate, Albumin**  
 **Other tests:** \_\_\_\_\_  **Consults:** \_\_\_\_\_  
 **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE

Signatures  
 UC:  
 RN: