



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

PROTOCOL CODE: SAMV

| | | | | |
|---|---------------------|-----------------|-------------------|--------------------------|
| 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 36 hours ANC greater than 0.9 x 10⁹/L, Platelets greater than 99 x 10⁹/L 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 <input type="checkbox"/> . RN/Pharmacist to confirm _____. Prochlorperazine 10 mg PO ½ hour before treatment OR Dimenhydrinate 50 mg PO ½ hour before treatment | | | | |
| CHEMOTHERAPY: Drugs to be given <input type="checkbox"/> Weekly x 4 or <input type="checkbox"/> every second week x 2 (1 cycle = 4 weeks) Methotrexate 30 mg/m² x BSA x _____ %= _____ mg IV push AND Vinblastine 6 mg/m² x BSA x _____ %= _____ mg IV push | | | | |
| RETURN APPOINTMENT ORDERS | | | | |
| <input type="checkbox"/> Return in _____ weeks for Cycle _____. <input type="checkbox"/> Last Cycle. Return in _____ weeks. | | | | |
| CBC & Diff, Platelets prior to each treatment. If Clinically Indicated: <input type="checkbox"/> Other tests: <input type="checkbox"/> Chest X-ray <input type="checkbox"/> CT scan _____ in 3 or 4 months <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests. | | | | |
| DOCTOR'S SIGNATURE: | | | SIGNATURE: | |
| | | | UC: | |