BC Cancer Agency
CARE & RESEARCH

nformation 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: SAAVA

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:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff, Platelets** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than 1.5 x 10^9/L, Platelets greater than 100 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **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 or 12 mg (circle one) PO prior to treatment

☐ **Other:**

CHEMOTHERAPY:

Doxorubicin 75 mg/m^2 or **60 mg/m^2** (circle one) x BSA = _____ mg

☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg

IV push.

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Cycle _____.

☐ Last Cycle. Return in _____ weeks.

CBC & Diff, Platelets, Creatinine, AST, Alk Phos, Bilirubin, GGT, LDH prior to each cycle.

Imaging every other cycle: ☐ Chest X-Ray

☐ Other, specify

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: