



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: SAAVGEMD

Class II Drug

soft tissue sarcoma following SAAI or following single agent Ifosfamide as well as single agent Doxorubicin

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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 **Day 1** if within 24 hours **ANC greater than or equal to 0.9 x 10⁹/L and Platelets greater than 100 x 10⁹/L**

May proceed with doses as written **Day 8** if within 96 hours **ANC greater than or equal to 1.4 x 10⁹/L and Platelets greater than 100 x 10⁹/L**

Dose modification for: Hematology Other Toxicity _____

Proceed with treatment based on bloodwork from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____

Day 1: Prochlorperazine 10mg PO OR Metoclopramide 10mg PO prior to treatment

Dexamethasone 8 mg PO BID for 3 days, starting one day prior to each docetaxel treatment.

(Note: A minimum of 3 doses of dexamethasone pre-treatment is required.)

Optional: Frozen gloves starting 15 minutes before docetaxel infusion until 15 minutes after end of docetaxel infusion; gloves should be changed after 45 minutes of wearing.

Other: _____

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY:

Gemcitabine 900 mg/m² or _____ mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 250 mL NS over _____ hour _____ minutes **Day 1 and 8**

(Recommended rate: 900 mg/m² dose = 1 hour 30 minutes, 750 mg/m² = 1 hour 15 minutes)

Docetaxel 100 mg/m² or _____ mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 to 500 mL NS (use non-PVC bag) over 1 hour **Day 8 only**. (Use non PVC tubing)

DOSE MODIFICATION IF REQUIRED ON DAY 8:

Gemcitabine 900 mg/m² or _____ mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 250 mL NS over _____ hour _____ minutes **Day 8**

(Recommended rate: 900 mg/m² dose = 1 hour 30 minutes, or 750 mg/m² dose = 1 hour 15 minutes)

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____. Book Chemo room Day 1 & 8.

Last Cycle. Return in _____ weeks.

CBC & Diff, Platelets prior to each treatment (Day 1 and 8)

Prior to **Cycle 4: Bilirubin, AST, ALT, GGT, Alk Phos**

If clinically indicated: Tot. Prot Albumin Bilirubin GGT LDH

Alk Phos. AST ALT BUN Creatinine

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: _____

SIGNATURE: _____

UC: _____