



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: SAIME

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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 96 hours ANC greater than or equal to 0.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L and CrCl greater than or equal to 50 mL/min pre-XRT/pre operation phase			
<input type="checkbox"/> ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L non alternating program <input type="checkbox"/> ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L during XRT <input type="checkbox"/> ANC greater than or equal to 0.75 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L post XRT and for operation			
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 12 mg PO prior to treatment <input type="checkbox"/> Hydrocortisone 100 mg IV prior to Etoposide <input type="checkbox"/> Diphenhydramine 50 mg IV prior to Etoposide <input type="checkbox"/> Other:			
Instruct patient to dipstick urine for blood prior to chemo – daily and with each void at home. Patient to call physician immediately if positive for blood. Patient to call physician immediately if they become drowsy. Chemo Room RN to ensure patient has been taught to do urine dipstick for blood. Chemo Room RN to ensure patient has tested urine for blood prior to each dose.			
Have Hypersensitivity Reaction Tray and Protocol Available			
CHEMOTHERAPY:			
Start IV with D5 ½ NS to KVO			
HR 0-1:			
Etoposide 100 mg/m² x BSA = _____ mg			
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg			
IV in 500 mL (non-PVC bag) NS over 1 hour x 4 or 5 days. (circle one) (use non-PVC tubing)			
HR 1:			
Mesna 360 mg/m² x BSA = _____ mg			
IV in 100 mL D5W over 15 minutes x 4 or 5 days. (circle one)			
Ifosfamide 1800 mg/ m² x BSA = _____ mg			
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg			
IV in 500 mL D51/2 NS over 1 hour x 4 or 5 days (circle one)			
HR 5+9:			
Mesna 720 mg/m² x BSA = _____ mg PO – to be taken at home in 1 cup of carbonated beverage over 15 minutes. (Round dose to nearest 10 mg). Pharmacy to prepare 2 doses daily for outpatient use x 4 or 5 days. (circle one)			
STANDING ORDER FOR ETOPOSIDE TOXICTY			
Hydrocortisone 100 mg IV PRN / Diphenhydramine 50 mg IV prn			
DOCTOR'S SIGNATURE:			



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RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Cycle _____. Book chemo for 1, 4 or 5 days (circle one). Check ONE: <input type="checkbox"/> SAIME (out patient) <input type="checkbox"/> SAIME (in patient) <input type="checkbox"/> SAVAC (out patient) <input type="checkbox"/> SAVACM (in patient) <input type="checkbox"/> Last Cycle. Return in _____ weeks.	
CBC & Diff, Platelets, Lytes, Creatinine, Bilirubin, Phosphate, Albumin prior to each treatment. If clinically indicated: <input type="checkbox"/> CBC & Diff, Platelets, Creatinine on day 4 Before SAVAC: CBC & Diff, Platelets, Creatinine, Bilirubin, AST, Alk Phos, GGT, AST, LDH <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: