



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

PROTOCOL CODE: **SADTIC**

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than</b> 1.5 x 10 <sup>9</sup> /L, <b>Platelets greater than</b> 100 x 10 <sup>9</sup> /L  Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.  <b>Ondansetron 8 mg PO</b> prior to treatment <b>Dexamethasone 10 mg PO</b> prior to treatment  <input type="checkbox"/> <b>Aprepitant 125 mg PO</b> pre-chemotherapy on day 1 and 80 mg PO post-chemotherapy once daily on days 2 and 3				
CHEMOTHERAPY: <b>Dacarbazine 1200 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg  IV in 500 to 1000 mL NS over 1 to 2 hours.				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> or <b>four</b> (circle one) weeks for Cycle _____.  <input type="checkbox"/> Last Cycle. Return in _____ weeks.				
<b>CBC &amp; Diff, BUN, Platelets, Creatinine, Alk Phos, gamma GT, SGOT, LD</b> prior to each treatment.  <input type="checkbox"/> <b>CXR</b> <input type="checkbox"/> <b>CT Scan:</b> _____  <input type="checkbox"/> <b>Other Tests:</b>  <input type="checkbox"/> <b>Consults:</b>  <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>	
			UC:	