



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: SAVAC

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 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 OR 16 mg PO prior to treatment Dexamethasone 8 mg OR 12 mg (circle one) PO prior to treatment <input type="checkbox"/> Other:				
CHEMOTHERAPY: Vincristine 1.5 mg/m² x BSA = _____ mg IV in 50 mL NS over 15 minutes . (Maximum dose = 2 mg). Doxorubicin 75 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push. Cyclophosphamide 1200 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 500 mL D5 ½ NS over 45 minutes .				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Cycle # _____. Book chemo 1 or 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, Serum Creatinine, AST, Alk Phos, Bilirubin, GGT, LDH prior to each cycle. Before SAIME: CBC & diff, Platelets, Lytes, Creatinine, Bilirubin, Phosphate, Albumin <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: