

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: SMDTIC

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DOCTOR'S ORDERS Htcm Wtk	g BSAm²
REMINDER: Please ensure drug allergies and previous bleomycin are document	
DATE: To be given: C	/cle #:
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 2.0 x 10 ⁹ /L, Pla	atelets greater than 100 x 109/L
Dose modification for:	
Proceed with treatment based on blood work from	
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm	·
dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment and select ONE of the following:	
aprepitant 125 mg PO 30 to 60 minutes prior to treatment	
ondansetron 8 mg PO 30 to 60 minutes prior to treatment	
netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment	nt
Other:	
CHEMOTHERAPY:	
dacarbazine 1.1 g/m² x BSA = g ☐ Dose Modification: % = g/m² x BSA = g IV in 500 to 1,000 mL NS over 1 to 2 hours.	
* Protect the container from light during administration. * Do not use if the colour of the solution changed to pink or red.	
RETURN APPOINTMENT ORDERS	
Return in three weeks for Doctor and Cycle	
Last Cycle. Return in week(s).	
CBC and Diff, Platelets, BUN, Creatinine, ALT, GGT, Alk Phos, LDH prior to each treatment Chest X-Ray CT Scan Other Tests:	
☐ Consults:	
☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:
	1 00: