**PROTOCOL CODE: SMDTIC**

**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
</table>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

<table>
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<tr>
<th>Date of Previous Cycle:</th>
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</table>

- [ ] Delay treatment _____ week(s)
- [ ] CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 96 hours ANC **greater than** \(2 \times 10^9/L\), Platelets **greater than** \(100 \times 10^9/L\)

Dose modification for:  
- [ ] Hematology  
- [ ] 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 8 mg or 12 mg (circle one) PO prior to treatment
- [ ] Aprepitant 125 mg PO pre-chemotherapy on day 1 and 80 mg PO post-chemotherapy once daily on days 2 and 3

**CHEMOTHERAPY:**

Dacarbazine \(1,100 \text{ mg/m}^2 \times \text{BSA} = \) ______ mg

- [ ] Dose Modification: ________% = ________ mg/m² \( \times \) BSA = ________ mg

\[\text{IV in 500 to 1,000 mL NS over 1 to 2 hours.}\]

* 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, AST, 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:**

(BC Cancer Agency Provincial Preprinted Order SMDTIC)  
(Created: 4 April 2005 Revised: 1 June 2011)