**PROTOCOL CODE: SAAVADIC**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<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>
<thead>
<tr>
<th>To be given:</th>
<th>Cycle #:</th>
</tr>
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<tr>
<th>Date of Previous Cycle:</th>
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- Delay treatment ______ week(s)
- CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 96 hours ANC greater than or equal to $1.5 \times 10^9/L$, Platelets greater than or equal to $100 \times 10^9/L$

Dose modification for:
- Hematology
- Other Toxicity

Proceed with treatment based on blood work from

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm ____________________________.

Select ONE of the following routine antiemetics regimens:

- **ondansetron 8 mg** PO 30 to 60 minutes prior to treatment
- **dexamethasone 8 mg or 12 mg** (circle one) PO 30 to 60 minutes prior to treatment
- **netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to treatment
- **dexamethasone 8 mg or 12 mg** (circle one) PO 30 to 60 minutes prior to treatment

**CHEMOTHERAPY:**

- **DOXO**rubin 60 mg/m² or _________ mg/m² x BSA= _________ mg
- **Dose Modification:** _________% = _________ mg/m² x BSA = _________ mg

  IV push.

- **dacarbazaine 850 mg/m²** x BSA = _________ mg
- **Dose Modification:** _________% = _________ mg/m² x BSA = _________ mg

  IV in 500 mL NS over 1 hour

**RETURN APPOINTMENT ORDERS**

- Return in **three** weeks for Cycle _________.
- Last Cycle. Return in _________ weeks.

**CBC & Diff, Platelets, ALT, Alk Phos, Bilirubin, GGT, LDH** prior to each treatment.

- CXR
- Other Tests:

- Consults:

- See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**