**DOCTOR'S ORDERS**

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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**REMEMBER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**

**DATE:**

**To be given:**

**Cycle #:**

**Date of Previous Cycle:**

- [ ] Delay treatment ___________ week(s)
- [ ] CBC & Diff, platelets day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, and Creatinine Clearance greater than or equal to 40 mL/min**

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** PO/IV prior to treatment
- [ ] prochlorperazine 10 mg PO pm
- [ ] LORazepam 1 mg PO pm

**Other:** Ensure that patient has taken at least 500 mL fluid PO prior to therapy. If not, prehydrate daily with NS at 500 ml over 30 minutes to 1 hour

**CHEMOTHERAPY:**

- **Cyclophosphamide 250 mg/m²/day** x BSA = ___________ mg
  - Dose Modification: ___________% = ___________ mg/m² x BSA = ___________ mg
  - IV in 100 mL NS over 20 minutes to 1 hour daily x 4 or 5 days (circle one)

- **Topotecan 0.5 mg/m²/day** x BSA = ___________ mg
  - Dose Modification: ___________% = ___________ mg/m² x BSA = ___________ mg
  - IV in 50 mL NS over 30 minutes daily x 4 or 5 days (circle one)

OR if filgrastim (G-CSF) available:

- **Topotecan 0.75 mg/m²/day** x BSA = ___________ mg
  - Dose Modification: ___________% = ___________ mg/m² x BSA = ___________ mg
  - IV in 50 mL NS over 30 minutes daily x 4 or 5 days (circle one)

Posthydration Days 1 to 4 or 5 (circle one): D5-NS at 500 mL over 30 minutes to 1 hour

Instruct patient to drink at least 2 L of fluid in 24 hours

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

UC:

BC Cancer Provincial Preprinted Order SAAVTC
Created: 1 May 2014   Revised: 1 Aug 2019
### RETURN APPOINTMENT ORDERS

- **Return in** three weeks for Doctor and Cycle ________.

  Book chemo x 4 or 5 *(circle one)* days.

- **Last Cycle. Return in** ______ week(s).

  **CBC and Differential, Platelets, Creatinine, BUN, Bilirubin, ALT, sodium, potassium, Phosphate, and Albumin** prior to each cycle.

  Urinalysis prior to each cycle. Notify physician if patient has hematuria.

  **CBC and Differential, Platelets** weekly

- **Other tests:**

- **Consults:**

- **See general orders sheet for additional requests.**

### DOCTOR'S SIGNATURE:  

**SIGNATURE:**

UC:

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**PROTOCOL CODE: SAAVTC**