**DOCTOR’S ORDERS**

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

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<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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Date of Previous Cycle:

- Alternating with SAVAC every 2 or 3 weeks (circle one)
- Alternating with SAVACM every 2 or 3 weeks (circle one)
- Alternating with SAVDCM every 2 or 3 weeks (circle one)
- Non-alternating every 3 weeks

- Delay treatment ______ week(s)
- CBC & Diff, Platelets day of treatment
- CBC & Diff, Platelets, Creatinine on day 4 if abnormal day 1 CBC and diff or creatinine levels. Notify MD of results prior to administering chemo on day 5
- May proceed with doses as written if within 96 hours ANC greater than or equal to 0.75 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L for non-alternating protocol and 3 weekly alternating protocol
- May proceed with doses as written if within 48 hours ANC greater than or equal to 0.75 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L for 2 weekly alternating protocol
- Dose modification for: □ Hematology □ Other Toxicity ____________

Proceed with treatment based on blood work from ____________________________.

- Dipstick urine for blood prior to chemo and if positive for blood, notify MD and send urine sample for urinalysis for verification and accurate determination of hematuria – see supportive care protocol - SCMESNA

**PREMEDICATIONS:**
- Patient to take own supply. RN/Pharmacist to confirm ____________________________.
- ondansetron 8 mg PO/IV pre-chemotherapy on day 1 then 8 mg PO/IV q12h for 9 doses
- dexamethasone 8 mg PO/IV pre-chemotherapy on day 1 then 4 mg PO/IV q12h for 9 doses
- aprepitant 125 mg PO prior to treatment on day 1 then 80 mg PO daily on days 2 and 3
- hydrocortisone 100 mg IV prior to treatment
- diphenhydrAMINE 50 mg IV prior to treatment

Instruct patient to dipstick urine for blood prior to chemo – daily and with each void at home. Patient to call physician immediately if positive for blood. Patient to call physician immediately if they become drowsy. Chemo Room RN to ensure patient has been taught to do urine dipstick for blood. Chemo Room RN to ensure patient has tested urine for blood prior to each dose.

**CHEMOTHERAPY:**
- Treatment to be given daily for 5 consecutive days
- Treatment to be given daily for 4 consecutive days (dose reduction for toxicity)

Start IV with NS to KVO

**HOUR 0-1**: etoposide 100 mg/m² x BSA = ________ mg
- Dose Modification: % = ________ mg/m² x BSA = ________ mg
- IV in 500 mL (non-DEHP bag) NS over 1 hour. (use non-DEHP tubing with line-filter)

**HOUR 1**: mesna 360 mg/m² x BSA = ________ mg
- Dose Modification: % = ________ mg/m² x BSA = ________ mg
- IV in 100 mL NS over 15 minutes.
- ifosfamide 1800 mg/m² x BSA = ________ mg
- Dose Modification: % = ________ mg/m² x BSA = ________ mg
- IV in 500 mL NS over 1 hour

**HOUR 5 and 9**: mesna 720 mg/m² x BSA = ________ mg PO
- Dose Modification: % = ________ mg/m² x BSA = ________ mg

- to be taken at home in 1 cup of carbonated beverage over 15 minutes (Round dose to nearest 10 mg); Pharmacy to prepare 2 doses daily for outpatient use

**STANDING ORDER FOR ETOPOSIDE TOXICTY**
- hydrocortisone 100 mg IV PRN / diphenhydRAMINE 50 mg IV prn

DOCTOR’S SIGNATURE: ____________________________

SIGNATURE: ____________________________

UC: ____________________________
## RETURN APPOINTMENT ORDERS

- ☐ Admit in **three** weeks for **SAIME** and for _______ days

- ☐ Return in **three** weeks for Doctor and **SAIME**, cycle #_______. Book chemo x ______ days

- ☐ Admit in **two or three** weeks *(circle one)* for **SAVAC or SAVACM or SAVDCM (circle one)* for _______ days.

- ☐ Return in **two or three** weeks *(circle one)* for **SAVAC or SAVACM or SAVDCM (circle one)* cycle #_______. Book chemo x _______ days

- ☐ Last cycle. Return in _______ weeks.

- ☐ Before **SAIME**: CBC & Diff, Platelets, **sodium, potassium**, Creatinine, Bilirubin, Phosphate, Albumin, urine dipstick prior to each treatment.

- ☐ Before **SAVAC/SAVACM/SAVDCM**: CBC & Diff, Platelets, Creatinine, Bilirubin, AST, Alk Phos, GGT, LDH, urine dipstick prior to each treatment

- ☐ Other tests:

- ☐ Consults:

- ☐ See general orders sheet for additional requests.

### DOCTOR'S SIGNATURE:

### SIGNATURE:

### UC: