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: SAIME**

<table>
<thead>
<tr>
<th>DOCTOR'S ORDERS</th>
<th>Ht__________cm Wt__________kg BSA__________m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:** To be given: Cycle #:

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 __________________________.

Select ONE of the following routine antiemetics regimens:

- ☐ **ondansetron 8 mg** PO/IV 30 to 60 minutes prior to treatment on day 1 then **8 mg** PO/IV q12h for 9 doses
  - **dexamethasone 8 mg** PO/IV 30 to 60 minutes prior to treatment on day 1 then **4 mg** PO/IV q12h for 9 doses
- ☐ **netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to treatment
  - **dexamethasone 8 mg** PO/IV 30 to 60 minutes prior to treatment on day 1 then **4 mg** PO/IV q12h for 9 doses
- ☐ **hydrocortisone 100 mg** IV prior to etoposide
- ☐ **diphenhydrAMINE 50 mg** IV prior to etoposide

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.

**STANDING ORDER FOR ETOPOSIDE TOXICTY**

- **hydrocortisone 100 mg** IV prn / **diphenhydrAMINE 50 mg** IV prn

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**
**DOCTOR'S ORDERS**

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**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.

**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

**Additional hydration (optional):**
- □ NS IV at ________mL/h x _____ hours

**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, ALT, Aik Phos, GGT, LDH, urine dipstick prior to each treatment

- □ Other tests:
- □ Consults:
- □ See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**