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 and according to acceptable standards of care.

**PROTOCOL CODE: SAMV**

### DOCTOR’S ORDERS

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

**REMINDER:** 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 36 hours **ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/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 ___________________________.

- prochlorperazine 10 mg PO ½ hour before treatment
- OR dimenhydrinate 50 mg PO ½ hour before treatment

#### CHEMOTHERAPY:

Drugs to be given [ ] Weekly x 4 or [ ] every second week x 2 (1 cycle = 4 weeks)

- methotrexate 30 mg/m² x BSA x _____% = ________ mg IV push

AND

- vinBLASTINE 6 mg/m² x BSA x _____% = ________ mg IV in 50 mL NS over 15 minutes

#### RETURN APPOINTMENT ORDERS

- [ ] Return in _________ weeks for Cycle ________.
- [ ] Last Cycle. Return in _________ weeks.

**CBC & Diff, Platelets** prior to each treatment.

If Clinically Indicated:

- [ ] Other tests: [ ] Chest X-ray
  - _____% in 3 or 4 months
- [ ] CT scan ____________________________
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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BC Cancer Provincial Preprinted Order SAMV

Created: 1 April 2007    Revised: 1 Aug 2019