

DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE:	To be given:	Cycle #:
Date of Previous Cycle: _____		
<input type="checkbox"/> alternating with SAIME every 2 or 3 weeks (<i>circle one</i>) <input type="checkbox"/> non-alternating regimen every 3 weeks		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment <input type="checkbox"/> 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 <input type="checkbox"/> 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 Dipstick urine for Blood (If positive notify MD and send urine sample for urinalysis for verification and accurate determination of hematuria – if hematuria verified, switch to SAVACM) Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment and select ONE of the following:		
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment	
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment ondansetron 8 mg PO 30 to 60 minutes prior to treatment	
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment	
<input type="checkbox"/> Other _____		
CHEMOTHERAPY: <input type="checkbox"/> patient receiving radiation – omit DOXOrubicin vinCRISTine 1.5 mg/m² x BSA = _____ mg (Maximum dose = 2 mg) <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 50 mL NS over 15 minutes. DOXOrubicin 75 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push. cyclophosphamide 1200 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 60 minutes.		
DOCTOR'S SIGNATURE:		SIGNATURE: UC:

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RETURN APPOINTMENT ORDERS			
<input type="checkbox"/> Admit in three weeks for SAVAC for _____ days <input type="checkbox"/> Return in three weeks for SAVAC for Doctor and Cycle # _____ <input type="checkbox"/> Admit in two or three (circle one) weeks for SAIME for _____ days <input type="checkbox"/> Return in two or three (circle one) weeks for SAIME for Doctor and Cycle # _____. Book chemo x _____ days. <input type="checkbox"/> Admit in 3 weeks for SAVACM for _____ days. <input type="checkbox"/> Sarcoma Conference(specify date) <input type="checkbox"/> Last Cycle. Return to clinic in _____ weeks.			
<input type="checkbox"/> SAVAC: CBC & Diff, creatinine, total bilirubin, ALT, alkaline phosphatase, GGT, LDH, urine dipstick for blood prior to each cycle <input type="checkbox"/> SAIME: CBC & Diff, sodium, potassium, phosphate, albumin, total bilirubin, creatinine, urine dipstick for blood prior to each cycle <input type="checkbox"/> SAVACM: CBC & Diff, creatinine, total bilirubin, ALT, alkaline phosphatase, GGT, LDH, urine dipstick for blood prior to each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.			
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