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**PROTOCOL CODE: SAVAC**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht(cm)</th>
<th>Wt(kg)</th>
<th>BSA(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:**

- □ alternating with SAIME every 2 or 3 weeks (circle one)
- □ non-alternating regimen every 3 weeks

- □ Delay treatment _____ week(s)
- □ CBC & Diff, Platelets day of treatment

- □ 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.

- 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:**

- □ 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** or **12 mg** (circle one) PO prior to treatment
- □ **aprepitant 125 mg** PO pre-chemotherapy on Day 1 and **80 mg** PO post-chemotherapy once daily on Days 2 and 3
- □ **prochlorperazine 10 mg** PO prn
- **Other:**

**CHEMOTHERAPY:**

- □ patient receiving radiation – omit DOXOrubicin
- **vinCRISTine 1.5 mg/m²** x BSA = __________ mg (Maximum dose = 2 mg)
  - □ Dose Modification: ________% = ________ mg/m² x BSA = ________ mg
  - IV in 50 mL NS over 15 minutes.
- **DOXOrubicin 75 mg/m²** x BSA = __________ mg
  - □ Dose Modification: ________% = ________ mg/m² x BSA = ________ mg
  - IV push.
- **cyclophosphamide 1200 mg/m²** x BSA = __________ mg
  - □ Dose Modification: ________% = ________ mg/m² x BSA = ________ mg
  - IV in 500 mL D5W-½ NS over 60 minutes.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Agency Provincial Preprinted Order SAVAC

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**RETURN APPOINTMENT ORDERS**

- [ ] Admit in **three** weeks for SAVAC for ________ days
- [ ] Return in **three** weeks for SAVAC for Doctor and Cycle #_____
- [ ] Admit in **two** or **three** (circle one) weeks for SAIME for ________ days
- [ ] Return in **two** or **three** (circle one) weeks for SAIME for Doctor and Cycle #_____. Book chemo x _____ days.
- [ ] Admit in 3 weeks for SAVACM for _____ days.
- [ ] Sarcoma Conference ........................................(specify date)
- [ ] Last Cycle. Return to clinic in ________________ weeks.

- [ ] SAVAC: CBC and diff, platelets, creatinine, bilirubin, **ALT**, alkaline phosphatase, GGT, LDH, urine dipstick for blood prior to each cycle
- [ ] SAIME: CBC and diff, platelets, **sodium**, **potassium**, phosphate, albumin, bilirubin, creatinine, urine dipstick for blood prior to each cycle
- [ ] SAVACM: CBC and diff, platelets, creatinine, bilirubin, **ALT**, alkaline phosphatase, GGT, LDH, urine dipstick for blood prior to each cycle
- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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