**PROTOCOL CODE: SAVAC**

### 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:**

- [ ] 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 ________________.

Select ONE of the following routine antiemetics regimens:

- [ ] **ondansetron** 8 mg PO 30 to 60 minutes prior to treatment
- [ ] **dexamethasone** 8 mg or 12 mg *(circle one)* PO 30 to 60 minutes prior to treatment
- [ ] **netupitant-palonosetron** 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment
- [ ] **dexamethasone** 8 mg or 12 mg *(circle one)* PO 30 to 60 minutes prior to treatment

As needed antiemetics:

- [ ] **prochlorperazine** 10 mg PO prn
- [ ] Other

### CHEMOTHERAPY:

- patient receiving radiation – omit DOXOribucin

- **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.

- **DOXOribucin** 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:**

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BC Cancer Provincial Preprinted Order SAVAC

Created: April 4th, 2005  Revised: 1 Feb 2020
PROTOCOL CODE: SAVAC

**DOCTOR’S ORDERS**

| Ht cm | Wt kg | BSA m² |

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

To be given:  

Cycle #:

**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:**