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: SAVDCM**

**DOCTOR'S ORDERS**

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<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy and Alert Form.

**Date of Previous Cycle:**

- **To be given:**
- **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**

- **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

**PREMEDICATION:** Patient to take own supply. RN/pharmacist to confirm ________________  
- ondansetron 8 mg PO/IV prior to treatment
- dexamethasone 8 mg or 12 mg (*circle one*) PO/IV prior to treatment
- aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO in the morning once daily on Days 2 and 3
- prochlorperazine 10 mg PO prn

**CHEMOTHERAPY:** patient receiving radiation – omit DACTINomycin

- **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 min

- **DACTINomycin 40 mcg/kg = __________ mg (Maximum dose = 2.5 mg)**
  - ☐ Dose modification (_________%) = __________ mg/m² x BSA = __________ mg
  - IV push

- **mesna 240 mg/m² x BSA = __________ mg**
  - ☐ Dose modification (_________%) = __________ mg/m² x BSA = __________ mg
  - IV in 100 mL D5W over 15 minutes

- **cyclophosphamide 1200 mg/m² x BSA = __________ mg with**
  - ☐ Dose modification (_________%) = __________ mg/m² x BSA = __________ mg
  - IV in 500 mL D5½NS over 1 h

- **mesna 480 mg/m² x BSA = __________ mg PO**
  - ☐ Dose modification (_________%) = __________ mg/m² x BSA = __________ mg
  - PO in carbonated beverage at Hours 5 and 8 (Round dose to nearest 200 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 for outpatient use

**HYDRATION:**

- No post hydration

Reminder to patient to drink 2 Litres per day

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

**Date/Time:**

**RETURN APPOINTMENT ORDERS**

- □ Return in **three** weeks for **SAVDCM** for Doctor and Cycle #______
- □ Admit in **three** weeks for **SAVDCM** for _______ days
- □ Return in **two or three** (**circle one**) weeks for **SAIME** for Doctor and Cycle #______
- □ Admit in **two or three** (**circle one**) weeks for **SAIME** for _______ days
- □ Sarcoma Conference ..........................(specify date)
- □ Last Cycle. Return to clinic in __________ weeks.

Before each cycle:

- **SAVDCM:** CBC & Diff, Platelets, Creatinine, **ALT**, Alk Phos, Bilirubin, GGT, LDH, urine dipstick for blood

- **SAIME:** CBC & diff, Platelets, **sodium, potassium**, Creatinine, Bilirubin, Phosphate, Albumin, urine dipstick for blood

- □ Other tests:

- □ Consults:

- □ See general orders sheet for additional requests.

**IMAGING**

- □ CXR
- □ CT lungs
- □ CT or MRI (**circle one**)..............................

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