



Provincial Health Services Authority

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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: SAIME**

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<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle:					
<input type="checkbox"/> alternating with SAVAC every <input type="checkbox"/> 2 or <input type="checkbox"/> 3 weeks ( <i>select one</i> ) <input type="checkbox"/> alternating with SAVACM every <input type="checkbox"/> 2 or <input type="checkbox"/> 3 weeks ( <i>select one</i> ) <input type="checkbox"/> non-alternating every 3 weeks					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment <input type="checkbox"/> <b>CBC &amp; Diff, Platelets, Creatinine</b> on Day 4 if abnormal Day 1 CBC and diff or creatinine levels. Notify MD of results prior to administering chemo on Day 5 <input type="checkbox"/> May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 0.75 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L</b> for non-alternating protocol and <b>3 weekly</b> alternating protocol <input type="checkbox"/> May proceed with doses as written if within 48 hours <b>ANC greater than or equal to 0.75 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L</b> for <b>2 weekly</b> alternating protocol Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____					
<input type="checkbox"/> 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					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>ondansetron 8 mg PO/IV</b> 30 to 60 minutes prior to treatment on Day 1, then <b>8 mg PO/IV</b> every 12 hours for <b>9 doses</b> <b>dexamethasone 8 mg PO/IV</b> 30 to 60 minutes prior to treatment on Day 1, then <b>4 mg PO/IV</b> every 12 hours for <b>9 doses</b> <input type="checkbox"/> <b>aprepitant 125 mg PO</b> 30 to 60 minutes prior to treatment on <b>Day 1</b> , then <b>80 mg PO</b> daily on <b>Day 2 and 3</b> <input type="checkbox"/> <b>hydrocortisone 100 mg IV</b> prior to etoposide <input type="checkbox"/> <b>diphenhydramine 50 mg IV</b> prior to etoposide					
Instruct patient to dipstick urine for blood prior to chemo – daily and with each void at home. Patient to call physician immediately if positive for blood. Patient to call physician immediately if they become drowsy. Chemo Room RN to ensure patient has been taught to do urine dipstick for blood. Chemo Room RN to ensure patient has tested urine for blood prior to each dose.					
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>					
<b>STANDING ORDER FOR ETOPOSIDE TOXICTY</b> hydrocortisone 100 mg IV prn / diphenhydramine 50 mg IV prn					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					UC:

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<p><b>CHEMOTHERAPY:</b> <input type="checkbox"/> Treatment to be given daily for 5 consecutive days</p> <p style="padding-left: 40px;"><input type="checkbox"/> Treatment to be given daily for 4 consecutive days (dose reduction for toxicity)</p> <p>Start IV with NS to KVO</p> <p><b>HOURLY 0-1: etoposide 100 mg/m<sup>2</sup> x BSA = _____ mg</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p style="padding-left: 40px;">IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes. (use non-DEHP tubing with 0.2 micron line-filter)</p> <p><b>HOURLY 1: mesna 360 mg/m<sup>2</sup> x BSA = _____ mg</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p style="padding-left: 40px;">IV in 100 mL NS over 15 minutes.</p> <p style="padding-left: 40px;"><b>ifosfamide 1800 mg/ m<sup>2</sup> x BSA = _____ mg</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p style="padding-left: 40px;">IV in 500 mL NS over 1 hour</p> <p><b>HOURLY 5 and 9: mesna 720 mg/m<sup>2</sup> x BSA = _____ mg PO</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p style="padding-left: 40px;">– 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 daily for outpatient use</p>				
<p>Additional hydration (optional):</p> <p><input type="checkbox"/> NS IV at _____ mL/h x _____ hours</p>				
<b>RETURN APPOINTMENT ORDERS</b>				
<p><input type="checkbox"/> Admit in <b>three</b> weeks for <b>SAIME</b> and for _____ days</p> <p><input type="checkbox"/> Return in <b>three</b> weeks for Doctor and <b>SAIME</b>, cycle # _____. Book chemo x _____ days</p> <p><input type="checkbox"/> Admit in <input type="checkbox"/> <b>two</b> or <input type="checkbox"/> <b>three</b> weeks (select one) for <input type="checkbox"/> <b>SAVAC</b> or <input type="checkbox"/> <b>SAVACM</b> (select one) for _____ days.</p> <p><input type="checkbox"/> Return in <input type="checkbox"/> <b>two</b> or <input type="checkbox"/> <b>three</b> weeks (select one) for <input type="checkbox"/> <b>SAVAC</b> or <input type="checkbox"/> <b>SAVACM</b> (select one) cycle # _____. Book chemo x _____ days</p> <p><input type="checkbox"/> Last cycle. Return in _____ weeks.</p>				
<p><input type="checkbox"/> Before <b>SAIME: CBC &amp; Diff, Platelets, sodium, potassium, Creatinine, Bilirubin, Phosphate, Albumin, urine dipstick</b> prior to each treatment.</p> <p><input type="checkbox"/> Before <b>SAVAC/SAVACM: CBC &amp; Diff, Platelets, Creatinine, Bilirubin, ALT, Alk Phos, GGT, LDH, urine dipstick</b> prior to each treatment</p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests.</b></p>				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>