



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 and according to acceptable standards of care

PROTOCOL CODE: SAVVIT

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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: _____								
☐ Delay treatment _____ week(s) ☐ CBC & Diff day of treatment								
May proceed with doses as written if within 96 hours ANC greater than or equal to $1.0 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$, ALT less than or equal to 2.5 times the upper limit of normal, total bilirubin less than 25 micromol/L								
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 30 to 60 minutes prior to treatment dexamethasone ☐ 8 mg or ☐ 12 mg (select one) 30 to 60 minutes prior to treatment								
☐ Prophylactic atropine 0.3 mg subcutaneously 30 minutes prior to irinotecan ☐ Other: _____								
TREATMENT:								
temozolomide ☐ 100 mg/m ² or ☐ _____ mg/m ² (select one) x BSA = _____ mg PO once daily on Days 1 to 5 . Take 60 minutes prior to irinotecan.								
Pharmacist to select dose band per last page of PPO. Complete table below (please print)								
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">Drug</th><th style="width: 40%;">Dose Band (mg)</th><th style="width: 40%;">Pharmacist Initial and Date</th></tr></thead><tbody><tr><td style="height: 30px; vertical-align: top;">temozolomide</td><td></td><td></td></tr></tbody></table>			Drug	Dose Band (mg)	Pharmacist Initial and Date	temozolomide		
Drug	Dose Band (mg)	Pharmacist Initial and Date						
temozolomide								
vinCRISTine 1.5 mg/m ² x BSA = _____ mg (maximum 2 mg) ☐ Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 25 mL NS over 15 minutes on Day 1								
irinotecan 50 mg/m ² x BSA = _____ mg ☐ Dose Modification: _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL D5W over 90 minutes on Days 1 to 5 .								
Counsel patient to obtain supply of loperamide and take 4 mg PO at first onset of diarrhea and then 2 mg PO q2h until diarrhea free x 12 hours (may take 4 mg PO q4h during the night).								
atropine 0.3 mg subcutaneously PRN. May repeat every 30 min to a maximum dose of 1.2 mg for early diarrhea, abdominal cramps, rhinitis, lacrimation, diaphoresis or flushing.								
DOCTOR'S SIGNATURE:		SIGNATURE:						
		UC:						



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DATE:	
RETURN APPOINTMENT ORDERS	
☐ Return in three weeks for Doctor and Cycle _____	
☐ Last Cycle. Return in _____ week(s)	
CBC & Diff, total bilirubin, ALT, creatinine prior to each cycle	
If clinically indicated: ☐ alkaline phosphatase ☐ albumin ☐ Other tests: ☐ Consults: ☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

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TEMOZOLOMIDE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)	Number of Capsules Per Dose				
From:	To:		5 mg	20 mg	100 mg	140 mg	250 mg
38	42	40		2			
43	47	45	1	2			
48	52	50	2	2			
53	56	55	3	2			
57	63	60		3			
64	68	65	1	3			
69	73	70	2	3			
74	75	75	3	3			
76	84	80		4			
85	89	85	1	4			
90	94	90	2	4			
95	104	100			1		
105	109	105	1		1		
110	113	110	2		1		
114	124	120		1	1		
125	129	125	1	1	1		
130	132	130	2	1	1		
133	144	140				1	
145	152	145	1			1	
153	164	160		1		1	
165	173	165	1	1		1	
174	189	180		2		1	
190	210	200			2		
211	227	220		1	2		
228	240	240			1	1	
241	262	250					1
263	270	270		1			1
271	294	280				2	
295	315	300			3		
316	332	320		1	3		
333	367	350			1		1
368	370	370		1	1		1
371	409	390				1	1
410	441	420				3	
442	472	450			2		1
473	480	480			2	2	
481	525	500					2
526	569	550			3		1
570	630	600			1		2