PROTOCOL CODE: SAVVPOIT

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 x 10^9/L, platelets greater than or equal to 100 x 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 _____

TREATMENT:

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**

temozolomide 100 mg/m^2 x BSA = _____mg PO once daily in the evening on **Days 1 to 5**.
☐ Dose Modification: 100 mg/m^2 x BSA = _____mg once daily in the evening on **Days 1 to 4**
☐ Dose Modification: _____ mg/m^2 x BSA = _____mg once daily in the evening 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)

Drug	Dose Band (mg)	Pharmacist Initial and Date
temozolomide		

irinotecan 90 mg/m^2 x BSA = _____mg PO once daily on **Days 1 to 5**
☐ Dose Modification: 90 mg/m^2 x BSA = _____mg once daily in the evening on **Days 1 to 4**
☐ Dose Modification: _____mg/m^2 x BSA = _____mg once daily in the evening on **Days 1 to 5**
Mix with cranberry juice immediately prior to ingestion.

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).

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

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:**

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