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 and according to acceptable standards of care.

PROTOCOL CODE: SAIME
(Inpatient Treatment)

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 #: _____ Week 1**

Date of Previous Cycle:

☐ alternating with SAVAC every ☐ 2 or ☐ 3 weeks *(select one)*
☐ alternating with SAVACM every ☐ 2 or ☐ 3 weeks *(select one)*
☐ non-alternating every 3 weeks

☐ 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 0.75 x 10^9/L, platelets greater than or equal to 100 x 10^9/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 10^9/L, platelets greater than or equal to 100 x 10^9/L** for **2 weekly** alternating protocol
Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____
Proceed with treatment based on blood work from _____

INPATIENT TREATMENT

- Admit to inpatient bed
- Daily weight
- Refer to inpatient ward policies and procedures for additional orders (e.g., routine vital signs, VTE prophylaxis, etc.)

ON ADMISSION:

- **CBC & Diff, sodium, potassium, creatinine, total bilirubin, phosphate, albumin** prior to Day 1
- **Dipstick urine** for blood prior to each treatment and q8h. If positive for blood, notify treatment provider and send urine sample for urinalysis for verification and accurate determination of hematuria – see supportive care protocol – SCMESNA.
- **CBC & Diff, creatinine** on Day 4, if Day 1 CBC & Diff abnormal or creatinine greater than the upper limit of normal. Notify treatment provider of results prior to administering chemotherapy on Day 5.
- **If eligible for pass, nursing to instruct patient** to drink extra fluids and to dipstick urine for blood prior to each treatment and with each void at home (see protocol for additional instructions).

PREMEDICATIONS:

ondansetron 8 mg PO/IV 30 to 60 minutes prior to treatment on Day 1, then **8 mg** PO/IV every 12 hours for **9 doses**
dexamethasone 8 mg PO/IV 30 to 60 minutes prior to treatment on Day 1, then **4 mg** PO/IV every 12 hours for **9 doses**
☐ **aprepitant 125 mg** PO 30 to 60 minutes prior to treatment on **Day 1**, then **80 mg** PO daily on **Day 2 and 3**
☐ **hydrocortisone 100 mg** IV PRN for etoposide reaction
☐ **diphenhydrAMINE 50 mg** IV PRN for etoposide reaction
Other:

SUPPORTIVE CARE MEDICATIONS:

☐ **famotidine 20 mg** PO BID
LORazepam 1 mg SL q4h PRN nausea
prochlorperazine 10 mg PO q6h PRN nausea
nabilone 1 mg PO q8h PRN nausea
☐ **filgrastim** (G-CSF) ☐ **300 mcg** ☐ **480 mcg** ☐ **600 mcg** *(select one)* subcutaneously once daily starting on Day ____
- Nursing to ensure filgrastim (G-CSF) subcutaneous injection teaching prior to discharge

☐ **Other:**

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

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 and according to acceptable standards of care.

PROTOCOL CODE: SAIME
(Inpatient Treatment)

DATE:

****Have Hypersensitivity Reaction Tray and Protocol Available****

TREATMENT:
- ☐ Treatment to be given daily for 5 consecutive days
- ☐ Treatment to be given daily for 4 consecutive days (dose reduction for toxicity)

Start IV with NS to KVO

0 h to 1 h:

etoposide 100 mg/m²/day x BSA =_____mg

☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg

IV in 250 to 1000 mL (non-DEHP bag) NS over 45 to 90 minutes (use non-DEHP tubing with 0.2 micron in-line filter)

1 h to 2 h 15 min:

mesna 360 mg/m² x BSA = _____mg

☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg

IV in 100 mL NS over 15 minutes.

ifosfamide 1800 mg/ m²/day x BSA = _____mg

☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg

IV in 500 mL NS over 60 minutes

2 h 15 min to 9 h 15 min:

Hydration post-ifosfamide:

NS IV at 250 mL/h until post-ifosfamide mesna doses have been administered

5 h and 9 h:

mesna 360 mg/m² x BSA = _____mg

☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg

IV in 100 mL NS over 15 minutes

9 h 15 min:

Post-hydration:
- ☐ Continue NS IV at 150 mL/h for 8 hours
- ☐ Discontinue IV fluids and cap access
- ☐ Allow out on pass

RETURN APPOINTMENT ORDERS

- ☐ Admit in **three** weeks for **SAIME** Cycle _____ for _____days
- ☐ Return in **three** weeks for Doctor and **SAIME** Cycle _____. Book chemo x __ days
- ☐ Admit in ☐ **two** or ☐ **three** weeks *(select one)* for ☐ **SAVAC or** ☐ **SAVACM** *(select one)* for Cycle _____ for _____days.
- ☐ Return in ☐ **two** or ☐ **three** weeks *(select one)* for ☐ **SAVAC or** ☐ **SAVACM** (*select one)* for Doctor and Cycle _____. Book chemo x _____ days
- ☐ Last cycle. Return in _____weeks.

CBC & Diff on Day 4, if Day 1 CBC & Diff abnormal

creatinine on Day 4, if Day 1 creatinine greater than the upper limit of normal

Select one:
- ☐ Before **SAIME: CBC & Diff, sodium, potassium, creatinine, total bilirubin, phosphate, albumin, urine dipstick for blood** prior to each cycle.
- ☐ Before **SAVAC/SAVACM: CBC & Diff, creatinine, total 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: