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

(Outpatient 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 #:**

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

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.

Dipstick urine for blood prior to each treatment. 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.

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 _____

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: Patient to take own supply. RN/Pharmacist to confirm _____.

ondansetron 8 mg PO 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 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 for etoposide reaction

☐ **diphenhydrAMINE 50 mg** IV for etoposide reaction

Other:

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

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PROTOCOL CODE: SAIME

(Outpatient 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

etoposide 100 mg/m² 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)

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 x BSA = _____mg

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

IV in 500 mL NS over 60 minutes

mesna 720 mg/m² x BSA = _____mg PO (round dose to nearest 10 mg)

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

Two doses taken 4 hours apart, starting 5 hours after etoposide initiation. Mix with juice or carbonated beverage immediately prior to ingestion. Pharmacy to prepare 2 doses daily for outpatient use.

Additional hydration (optional):

☐ NS IV at _____mL/h x _____ hours

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)* 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
☐ Book filgrastim (G-CSF) subcutaneous teaching and first dose on Cycle ____ Day ____
☐ 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: