

**PROTOCOL CODE: SCMESNA (SAVACM)
(Inpatient)**

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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 #:
Please use the specific preprinted orders for the chemotherapy protocol involved – see SCMESNA protocol		
INPATIENT TREATMENT - Admit to inpatient bed - Refer to inpatient ward policies and procedures for additional orders (e.g., routine vital signs, VTE prophylaxis, etc.)		
ON ADMISSION: - CBC & Diff, creatinine, total bilirubin, ALT, alkaline phosphatase, GGT, LDH, sodium, potassium, calcium, albumin - Daily weights - Routine vital signs - Dipstick urine for blood prior to chemo and q8h routinely. If urine dipstick is positive, contact MD and send urine sample for urinalysis for verification and accurate measurement of hematuria - Diet and Activity as tolerated		
PREMEDICATIONS ondansetron 8 mg PO (or ☐ IV) 30 minutes pre-chemotherapy and q12h x 1 dose dexamethasone ☐ 8 mg or ☐ 12 mg (<i>select one</i>) PO (or ☐ IV) 30 minutes pre-chemotherapy on Day 1, then 4 mg PO BID x 5 doses aprepitant 125 mg PO 30 minutes pre-chemotherapy on Day 1 and 80 mg PO in the morning once daily on Days 2 and 3 NOTE: Reminder to physician to write outpatient scripts for aprepitant and dexamethasone for day 2 and subsequent doses. Instruct patient to continue antiemetics as per Dr's prescription on discharge		
SUPPORTIVE CARE MEDICATIONS LORazepam 1 mg SL q4h PRN nausea, sleep or restlessness prochlorperazine 10 mg PO q6h PRN nausea and vomiting nabilone 1 mg PO q8h PRN for nausea and vomiting ☐ Other:		
DOCTOR'S SIGNATURE: 		SIGNATURE: UC:

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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE:	To be given:	Cycle #:
If significant (more than transient) hematuria, switch SAVACM to one of the sections below: (1, 2A, 2B, 2C). Do NOT use this preprinted order if patient has transient microscopic hematuria.		
☐ 1. PERSISTENT MICROSCOPIC HEMATURIA – 3 OR MORE EPISODES OF MICROSCOPIC HEMATURIA occurring on 3 or more separate days during a cycle of chemotherapy		
HR 0 to 0.25:	vinCRISTine 1.5 mg/m² x BSA = _____ mg (maximum dose = 2 mg) ☐ Dose modification: _____ % = _____ mg/m² x BSA = _____ mg IV in 25 to 50 mL NS over 15 minutes	
HR 0.25 to 1:	DOXOrubicin 75 mg/m² x BSA = _____ mg ☐ Dose modification: _____ % = _____ mg/m² x BSA = _____ mg IV push	
HR 1 to 2:	mesna 240 mg/m² x BSA = _____ mg ☐ Dose modification: _____ % = _____ mg/m² x BSA = _____ mg IV in 100 mL NS over 60 minutes (<i>y-site to cyclophosphamide bag</i>)	
HR 1 to 2:	cyclophosphamide 1200 mg/m² x BSA = _____ mg ☐ Dose modification: _____ % = _____ mg/m² x BSA = _____ mg IV in 100 to 250 mL NS over 60 minutes (<i>y-site to mesna bag</i>)	
HR 2 to 10:	mesna 960 mg/m² x BSA = _____ mg ☐ Dose modification: _____ % = _____ mg/m² x BSA = _____ mg IV in 500 mL NS over 8 hours (<i>may be y-sited to hydration bag below</i>)	
HR 2 to 24:	D5NS at _____ mL/hr for 22 hours (daily IV hydration totalling 4000 mL/m²/24h: total hydration = chemotherapy bag(s) + mesna bag(s) + hydration bag)	
May discharge home when mesna completed		
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE:	To be given:	Cycle #:
☐ 2. GROSS HEMATURIA ☐ A) SINGLE EPISODE OF GROSS HEMATURIA LASTING LESS THAN 24 HOURS and REDUCING TO MICROSCOPIC HEMATURIA DURING OR AFTER THE CYCLE		
HR 0 – 0.25: vinCRiStine 1.5 mg/m² x BSA = _____ mg (maximum dose = 2 mg) ☐ Dose modification (_____ %) = _____ mg/m² x BSA = _____ mg IV in 25 to 50 mL NS over 15 minutes HR 0.25 to 1: DOXOrubicin 75 mg/m² x BSA = _____ mg ☐ Dose modification: _____ % = _____ mg/m² x BSA = _____ mg IV push HR 1 to 2: mesna 240 mg/m² x BSA = _____ mg ☐ Dose modification: _____ % = _____ mg/m² x BSA = _____ mg IV in 100 mL NS over 60 minutes (<i>y-site to cyclophosphamide bag</i>) HR 1 to 2: cyclophosphamide 1200 mg/m² x BSA = _____ mg ☐ Dose modification: _____ % = _____ mg/m² x BSA = _____ mg IV in 100 to 250 mL NS over 60 minutes (<i>y-site to mesna bag</i>) HR 2 to 24: mesna 2640 mg/m² x BSA = _____ mg ☐ Dose modification: _____ % = _____ mg/m² x BSA = _____ mg IV in 2000 mL NS over 22 hours (<i>may be y-sited to hydration bag below</i>) (<i>Total dose should be divided equally – each litre to run over 11 hours</i>) HR 2 to 24: D5NS at _____ mL/h for 22 hours (<i>daily IV hydration totalling 4000 mL/m²/24h: total hydration = chemotherapy bag(s) + mesna bag(s) + hydration bag</i>)		
May discharge home when mesna completed		
DOCTOR'S SIGNATURE:	SIGNATURE:	
	UC:	

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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 #:
☐ 2. GROSS HEMATURIA ☐ B) FIRST EPISODE OF PERSISTENT GROSS HEMATURIA LASTING MORE THAN 24 HOURS DURING OR AFTER A CYCLE OF CHEMOTHERAPY 1. Stop cyclophosphamide if hematuria during the cycle; increase hydration and mesna 2. Do not restart cyclophosphamide until next cycle 3. Start new cycle only when no more than microscopic hematuria. 4. Orders:		
HR 0 – 0.25: vinCRISTine 1.5 mg/m² x BSA = _____ mg (maximum dose = 2 mg) ☐ Dose modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 25 to 50 mL NS over 15 minutes		
HR 0.25 to 1: DOXOrubicin 75 mg/m² x BSA = _____ mg ☐ Dose modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push		
HR 1 to 2 : mesna 240 mg/m² x BSA = _____ mg ☐ Dose modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 mL NS over 60 minutes (y-site to cyclophosphamide bag)		
HR 1 to 2: cyclophosphamide 1200 mg/m² x BSA = _____ mg ☐ Dose modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 60 minutes (y-site to mesna bag)		
HR 2 to 24: mesna 2640 mg/m² x BSA = _____ mg ☐ Dose modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 2000 mL NS over 22 hours (may be y-sited to hydration bag below) (Total dose should be divided equally – each litre to run over 11 hours)		
HR 2 to 24: D5NS at _____ mL/hr for 22 hours (daily IV hydration totalling 4000 mL/m ² /24 hrs: total hydration = chemotherapy bag(s) + mesna bag(s) + hydration bag)		
May discharge home when mesna completed		
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DATE:

Days 2 and 3: Mesna 5760 mg/m² x BSA = _____ mg

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

IV in 3000 mL NS over 24 hours on **Days 2 and 3**

(Total dose should be divided equally – each litre to run over 8 hours)

May discharge home when mesna completed

RETURN APPOINTMENT ORDERS

☐ Re-admit in 2 or 3 (*circle one*) weeks for _____ for _____ days.

☐ Return in 2 or 3 (*circle one*) weeks for Doctor and Cycle _____

☐ Book chemo room appointment for _____

☐ Last cycle. Return to clinic in _____ week(s).

CBC & Diff, creatinine, total bilirubin, ALT, alkaline phosphatase, GGT, LDH, sodium, potassium, calcium, albumin

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: