



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: **GIREGO**

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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, Platelets day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L, BP less than 160/100 mmHg**

Dose modification for: **Hematology** **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

CHEMOTHERAPY: One Cycle = 4 weeks

Treatment starting on _____ (date)

regorafenib 160 mg PO daily for 21 days followed by 7 days rest.

regorafenib 120 mg PO daily for 21 days followed by 7 days rest.

regorafenib 80 mg PO daily for 21 days followed by 7 days rest.

Supply for: _____ days.

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and Cycle _____.

Please book Nurse for BP monitoring q 2 weeks x _____.

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, Sodium, Potassium, Calcium, Magnesium, Phosphate, Bilirubin, Alkaline Phosphatase, ALT, Urinalysis, Blood Pressure Measurement prior to each cycle

TSH prior to each **odd** numbered cycle (ie 3, 5, 7, 9, etc)

If clinically indicated: **GGT** **LDH** **Tot. Prot** **Albumin** **TSH** **AFP**

MUGA scan or **Echocardiography** **ECG**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: