



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: GUAXIT

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### DOCTOR'S ORDERS

**REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**  
**One cycle = 4 weeks**

**DATE:** \_\_\_\_\_ **To be given:** \_\_\_\_\_ **Cycle #:** \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

**TREATMENT:**

**aXitinib**  5 mg or  \_\_\_\_\_ mg (select one) PO twice daily. Mitte: \_\_\_\_\_ days.

### RETURN APPOINTMENT ORDERS

Return in \_\_\_\_\_ weeks for Doctor and Cycle \_\_\_\_\_.

Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, Platelets, Creatinine, ALT, Bili, Urinalysis, uric acid** prior to each cycle

**TSH** prior to every other cycle (i.e., cycle 1, 3, 5, 7, 9, etc.)

If clinically indicated:  **Tot. Prot**  **Albumin**  **GGT**  **Alk Phos.**

**LDH**  **TSH**  **Calcium**  **Phos.**

**Potassium**  **Sodium**

**MUGA scan** or  **Echocardiography** (if clinically indicated)

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

UC: \_\_\_\_\_