



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: GUSORAF

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DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form Continuous treatment, one cycle consists of 4 weeks of SORafenib

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 x 10^9/L, Platelets greater than or equal to 75 x 10^9/L

Dose modification for: Hematology Other Toxicity

Proceed with treatment based on blood work from

TREATMENT:

Treatment starting on (date)

SORafenib 400 mg twice daily. Supply for: days.

SORafenib 400 mg once daily. Supply for: days (dose level -1)

SORafenib 400 mg once every other day. Supply for: days (dose level -2)

RETURN APPOINTMENT ORDERS

RTC in weeks for lab

Last Cycle. Return in week(s).

CBC & Diff, Platelets, Creatinine, ALT, Bili prior to each cycle

If clinically indicated: Tot. Prot Albumin GGT Alk Phos. LDH Calcium Phos. Potassium

Urinalysis TSH Sodium

MUGA scan or Echocardiography (if clinically indicated)

Imaging (appr. every 8 weeks):

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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