

PROTOCOL CODE: HNOTMSEL

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: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> 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 75 x 10⁹/L		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____		
TREATMENT: Continuous treatment		
selpercatinib <input type="checkbox"/> 160 mg PO twice daily (select one) <input type="checkbox"/> 120 mg PO twice daily <input type="checkbox"/> 80 mg PO twice daily <input type="checkbox"/> 40 mg PO twice daily <input type="checkbox"/> 40 mg PO once daily		
Mitte: _____ days (30 days supply for the first 6 months of therapy; may dispense 90 days supply after 6 months)		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in 4 weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in _____ weeks (maximum 12 weeks) for Doctor and Cycle _____		
Seven days after start of treatment: sodium, potassium, magnesium, calcium, ECG, blood pressure First 3 months: ALT and total bilirubin every 2 weeks Months 1 to 6: CBC & Diff, platelets, creatinine, ALT, total bilirubin, sodium, potassium, magnesium, calcium, albumin, TSH, CEA, calcitonin, blood pressure, ECG monthly After 6 months, before each doctor's visit: CBC & Diff, platelets, creatinine, ALT, total bilirubin, sodium, potassium, magnesium, calcium, albumin, TSH, CEA, calcitonin, blood pressure		
If clinically indicated: <input type="checkbox"/> random glucose <input type="checkbox"/> uric acid <input type="checkbox"/> phosphorus <input type="checkbox"/> total cholesterol <input type="checkbox"/> BUN <input type="checkbox"/> ECG <input type="checkbox"/> chest x-ray <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE: UC: