



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 and according to acceptable standards of care

PROTOCOL CODE: SMAVDAB

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: To be given: Cycle #: (One cycle = 4 weeks)

Delay treatment _____ week(s)

Dose Modification/Delay for _____

Proceed with treatment based on blood work/ECG from _____

TREATMENT:

daBRAFenib 150 mg PO twice daily

Dose modification:

daBRAFenib 100 mg PO twice daily

daBRAFenib 75 mg PO twice daily

daBRAFenib 50 mg PO twice daily

Supply for 30 days or for _____ days (available in 30 tablet containers only: dispense in original container) (1-month supply for first 3 months of therapy; may dispense 3-month supply after 3 months)

RETURN APPOINTMENT ORDERS

Return in 4 weeks for Doctor and Cycle # _____

Return in 8 weeks for Doctor and Cycle # _____

Return in 12 weeks for Doctor and Cycle # _____

Last Treatment. Return in _____ week(s)

First 3 months of treatment prior to each cycle: creatinine, sodium, potassium, calcium, magnesium, alkaline phosphatase

After 3 months of treatment prior to each physician visit: creatinine, sodium, potassium, calcium, magnesium, alkaline phosphatase

ECG: every 4 weeks (prior to each cycle) for the first 3 cycles, then every 12 weeks

Other Tests: ECG CT scan MRI

Consults:

Dermatology Consults

Pap smear in women

Other Consults: _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: