



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: GUOTEVER

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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 day of treatment				
May proceed with doses as written if within 96 hours ANC <u>greater than or equal to 1.0 x 10⁹/L</u>, platelets <u>greater than or equal to 75 x 10⁹/L</u>				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____				
Proceed with treatment based on blood work from _____				
TREATMENT:				
<input type="checkbox"/> everolimus 10 mg PO daily <input type="checkbox"/> everolimus 5 mg PO daily (dose level -1) <input type="checkbox"/> everolimus 5 mg PO every other day (dose level -2)				
Mitte: 30 days				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, creatinine, dipstick or laboratory urinalysis for protein prior to each cycle				
If clinically indicated:				
<input type="checkbox"/> total protein <input type="checkbox"/> albumin <input type="checkbox"/> total bilirubin <input type="checkbox"/> INR <input type="checkbox"/> GGT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> urea <input type="checkbox"/> random glucose <input type="checkbox"/> HbA1c <input type="checkbox"/> total cholesterol <input type="checkbox"/> triglycerides <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> magnesium <input type="checkbox"/> calcium <input type="checkbox"/> phosphate <input type="checkbox"/> creatine kinase <input type="checkbox"/> 24 hour urine protein within 3 days prior to next cycle if laboratory urinalysis for protein greater than or equal to 1g/L or dipstick proteinuria 2+ or 3+ <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	