

PROTOCOL CODE: UGUPOLAP

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(s) #:		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) On day of treatment: <input type="checkbox"/> CBC & Diff, Platelets				
May proceed with doses as written if within 72 hours ANC <u>greater than or equal to</u> 1.0 x 10⁹/L, Platelets <u>greater than or equal to</u> 100 x 10⁹/L.				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____ Proceed with treatment based on blood work from _____				
CHEMOTHERAPY:				
<input type="checkbox"/> olaparib 300 mg PO twice daily. Supply 30 days. Repeat x _____ (after lab work) Dose modification:				
<input type="checkbox"/> olaparib 250 mg PO twice daily. Supply 30 days. Repeat x _____ (after lab work)				
<input type="checkbox"/> olaparib 200 mg PO twice daily. Supply 30 days. Repeat x _____ (after lab work)				
<input type="checkbox"/> olaparib 150 mg PO twice daily. Supply 30 days. Repeat x _____ (after lab work)				
* Dispense in original container				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____ (1 cycle = 4 weeks)				
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____ (1 cycle = 4 weeks)				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
Every four weeks: CBC & Diff, Platelets, PSA prior to each refill and prior to RTC.				
If indicated: <input type="checkbox"/> CBC & Diff, Platelets on day 14.				
If clinically indicated: <input type="checkbox"/> Creatinine <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> ALT <input type="checkbox"/> Total bilirubin <input type="checkbox"/> Alk Phos <input type="checkbox"/> Tot. Prot <input type="checkbox"/> Albumin <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> BUN				
<input type="checkbox"/> CT C/A/P in _____ weeks.				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: