



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 BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care.

**PROTOCOL CODE: LKAMLAS (post-bone marrow transplant)**

**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**, day of treatment \_\_\_\_\_

May proceed with doses as written if within **96 hours ANC greater than or equal to 1 x 10<sup>9</sup>/L**

Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

**CHEMOTHERAPY:**

Treatment starting on \_\_\_\_\_ (date) (note: start 30 to 100 days post-transplant)

**SORafenib 400 mg twice** daily. Supply for: \_\_\_\_\_ days.

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

**RETURN APPOINTMENT ORDERS**

Return in **four** weeks for Doctor and Cycle \_\_\_\_\_ (note: maximum of 1 year of treatment =13 cycles).

Last Cycle. Return in \_\_\_\_\_ week(s)

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

**MUGA scan** or  **Echocardiography** (if clinically indicated)

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**