



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 and according to acceptable standards of care.

PROTOCOL CODE: LUAVCRIZF

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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

DATE:

To be given:

Cycle #:

Date of Previous Cycle:

TREATMENT:

- crizotinib 250 mg** twice daily. Supply for: _____ days.
- crizotinib 200 mg** twice daily. Supply for: _____ days (dose level -1)
- crizotinib 250 mg** once daily. Supply for: _____ days (dose level -2)

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor

CBC, Alk Phos, ALT, Bili, LDH every two weeks during Cycle 1 and Cycle 2

CBC, Alk Phos, ALT, Bili, LDH at each doctor's visit

Imaging (approx. every 4-8 weeks): **Chest X-ray** or **CT Scan (chest)**

ECG (if clinically indicated) **calcium** **magnesium** **sodium**

potassium **creatinine**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: