BC CANCER
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: SAAVGS

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form
One cycle = 6 weeks

DATE: **To be given:** **Cycle #:**

Date of Previous Cycle:

☐ Delay treatment __________ week(s)
☐ **CBC & Diff, Platelets** day of treatment
May proceed with doses as written if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, Platelets greater than or equal to 100 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity ____**

Proceed with treatment based on blood work from ____

CHEMOTHERAPY:

☐ **SUNItinib** ☐ **50 mg or** ☐ ___________ **mg** (select one) PO once daily for 4 weeks followed by 2 weeks rest.
Mitte: __________ capsules.

OR

☐ **SUNItinib** ☐ **37.5 mg or** ☐ ___________ **mg** (select one) PO once daily continuously.
Mitte: ___________ capsules.

RETURN APPOINTMENT ORDERS

☐ Return in __________ weeks for Doctor and Cycle __________.
☐ Last Cycle. Return in __________ week(s).

CBC & Diff, Platelets, Creatinine, ALT, Bili, Urinalysis, uric acid prior to each cycle.

☐ **TSH** prior to every other cycle (i.e. 1, 3, 5, 7, 9, etc.)

If clinically indicated: ☐ **Tot. Prot** ☐ **Albumin** ☐ **GGT** ☐ **Alk Phos.** ☐ **LDH** ☐ **TSH** ☐ **Calcium** ☐ **Phos.** ☐ **Potassium**

☐ **MUGA scan or** ☐ **Echocardiography (if clinically indicated)**
☐ **Other Tests: ____**
☐ **Consults: ____**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

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