

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: GIOCTLAR

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DOCTOR'S ORDERS REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
TREATMENT:		
octreotide long	g acting 20 mg intramuscular (deep intragluteal) i	njection every 4 weeks.
Mitte: do	ose Repeat x	
☐ octreotide long	g acting 30 mg intramuscular (deep intragluteal) i	njection every 4 weeks.
Mitte: do	ose Repeat x	
☐ octreotide long	g acting mg intramuscular (deep intraglutea	I) injection every 4 weeks.
Mitte: do	ose Repeat x	
	RETURN APPOINTMEN	IT ORDERS
Return in	weeks for Doctor.	
☐ Ultrasound gal	Ibladder every 6 months	
☐ Other Tests: _		
☐ Consults:		
☐ See general or	ders sheet for additional requests.	
DOCTOR'S SIGNATURE:		SIGNATURE:
		uc: