



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: GIPNEVER

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b> <b>One cycle = 4 weeks</b>		
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/L</b>  Proceed with treatment based on blood work from _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. <input type="checkbox"/> dexamethasone mouthwash (see protocol). Start on Day 1 of everolimus treatment; continue for 8 weeks (2 cycles). May continue up to a maximum of 16 weeks (4 cycles) at the discretion of the treating oncologist.		
<b>Treatment:</b>  <input type="checkbox"/> <b>everolimus 10 mg</b> PO daily <input type="checkbox"/> <b>everolimus 5 mg</b> PO daily (dose level -1) <input type="checkbox"/> <b>everolimus 5 mg</b> PO every other day (dose level -2)  Mitte: _____ days supply of everolimus (max: 30 days)		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<b>CBC &amp; Diff, Platelets, Creatinine, Bili, ALT, Alk Phos, Sodium, Potassium, Glucose</b> prior to each cycle  If clinically indicated: <input type="checkbox"/> <b>Tot. Prot</b> <input type="checkbox"/> <b>Albumin</b> <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>Alk Phos</b> <input type="checkbox"/> <b>ALT</b> <input type="checkbox"/> <b>LDH</b> <input type="checkbox"/> <b>BUN</b> <input type="checkbox"/> <b>Creatinine</b> <input type="checkbox"/> <b>Glucose</b> <input type="checkbox"/> <b>Tot. cholesterol</b> <input type="checkbox"/> <b>Triglycerides</b> <input type="checkbox"/> <b>Calcium</b> <input type="checkbox"/> <b>Phosphate</b>		
<input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: