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: GISORAF

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, Platelets** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10^9/L, Platelets greater than or equal to 50 x 10^9/L**

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

Proceed with treatment based on blood work from ______________________________

CHEMOTHERAPY: One cycle = 4 weeks

Treatment starting on ______________________ (date)

☐ **SORAfenib 400 mg PO** *twice* daily. Supply for: _____________ days.

☐ **SORAfenib 400 mg PO** *once* daily. Supply for: _____________ days (dose level -1)

☐ **SORAfenib 400 mg PO** *once every other day*. Supply for: _____________ days (dose level -2)

☐ **SORAfenib 200 mg PO** ☐ **once or** ☐ **twice daily.** *(select one)* Supply for: _____________ days

RETURN APPOINTMENT ORDERS

☐ Return in _______ weeks for Doctor and Cycle _________.
☐ Please book Nurse for BP monitoring q 2 weeks x ____________.
☐ Last Cycle. Return in _______ week(s).

CBC & Diff, Platelets, Creatinine, ALT, Bilirubin prior to each cycle
☐ **Sodium** ☐ **Potassium** ☐ **Magnesium** ☐ **Calcium** ☐ **Phosphate**
☐ **Albumin** ☐ **Lipase** ☐ **TSH** ☐ **INR**
☐ **AFP**
☐ **MUGA scan or** ☐ **Echocardiography** ☐ **ECG (if clinically indicated)**
☐ **Imaging (appr. every 8 weeks):**

☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**