



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: HNOTDCABO

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DOCTOR'S ORDERS			Ht _____ cm Wt _____ kg BSA _____ m ²
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:			
cabozantinib 60 mg PO daily			
Dose modification:			
<input type="checkbox"/> cabozantinib 40 mg PO daily (dose level -1)			
<input type="checkbox"/> cabozantinib 20 mg PO daily (dose level -2)			
Mitte: 30 days. Repeat x _____ (after lab work)			
RETURN APPOINTMENT ORDERS			
Return in four weeks for Doctor and Cycle _____.			
or			
<input type="checkbox"/> Return in two weeks for Doctor and Cycle _____.			
<input type="checkbox"/> Return in eight weeks for Doctor and Cycle _____.			
<input type="checkbox"/> Last Cycle. Return in _____ week(s).			
CBC & Diff, platelets, creatinine, total bilirubin, ALT, alkaline phosphatase, TSH, thyroglobulin (Tg), thyroglobulin antibody (TgAb), blood pressure prior to each cycle			
If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> MUGA scan or <input type="checkbox"/> echocardiogram			
<input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> magnesium <input type="checkbox"/> calcium <input type="checkbox"/> albumin			
<input type="checkbox"/> phosphate <input type="checkbox"/> total protein <input type="checkbox"/> GGT <input type="checkbox"/> urinalysis <input type="checkbox"/> triglycerides			
<input type="checkbox"/> random glucose			
<input type="checkbox"/> weekly nursing assessment			
<input type="checkbox"/> Other tests:			
<input type="checkbox"/> Consults:			
<input type="checkbox"/> See general orders sheet for additional requests.			
DOCTOR'S SIGNATURE:			SIGNATURE:
			UC: