



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care.

**PROTOCOL CODE: UGUSORAF**

A BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment

**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  $1 \times 10^9/L$ , Platelets greater than or equal to  $75 \times 10^9/L$**

Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

**CHEMOTHERAPY:**

**Treatment starting on** \_\_\_\_\_ **(date)**

- Sorafenib 400 mg *twice* daily.** Supply for: \_\_\_\_\_ days.
- Sorafenib 400 mg *once* daily.** Supply for: \_\_\_\_\_ days (dose level -1)
- Sorafenib 400 mg *once every other day*.** Supply for: \_\_\_\_\_ days (dose level -2)

**RETURN APPOINTMENT ORDERS**

- RTC in \_\_\_\_\_ weeks for lab
- Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, Platelets, Creatinine, ALT, Bili** prior to each cycle

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

**Urinalysis**  **Uric Acid**

**MUGA scan** or  **Echocardiography (if clinically indicated)**

**Imaging (appr. every 8 weeks):**

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**UC:** \_\_\_\_\_