

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	
DATE: To be given: Week	: #:
TREATMENT:	
Select one of the following dosing intervals:	
☐ Every four weeks OR ☐ Every three weeks	
octreotide long acting 20 mg intramuscular (deep intragluteal) injection	
Mitte: dose Repeat x	
octreotide long acting 30 mg intramuscular (deep intragluteal) injection	
Mitte: dose Repeat x	
octreotide long acting mg intramuscular (deep intragluteal) injection	
Mitte: dose Repeat x	
RETURN APPOINTMENT ORDERS	
Return in weeks for Doctor.	
Ultrasound gallbladder every 6 months	
☐ Other Tests:	
Consults:	
☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: