

**PROTOCOL CODE: GIPNSUNI**

(Page 1 of 1)

## ODOCTOR'S ORDERS

**REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**

**DATE:** \_\_\_\_\_ **To be given:** \_\_\_\_\_ **Cycle #:** \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

☐ Delay treatment \_\_\_\_\_ week(s)

☐ **CBC & Diff** 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 \_\_\_\_\_

### TREATMENT:

☐ **SUNItinib 37.5 mg** PO once daily continuously. Mitte: 30 days.

☐ **SUNItinib 25 mg** PO once daily continuously. Mitte: 30 days. (dose level -1)

☐ **SUNItinib 50 mg** PO once daily continuously. Mitte: 30 days. (dose level +1)

## RETURN APPOINTMENT ORDERS

☐ Return in **4 weeks** for Doctor and Cycle \_\_\_\_\_.

☐ Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, creatinine, sodium, potassium, magnesium, phosphate, calcium, random glucose, total bilirubin, ALT** prior to each cycle

If clinically indicated:

☐ **ECG** ☐ **MUGA scan** or ☐ **echocardiogram**

☐ **alkaline phosphatase** ☐ **albumin** ☐ **GGT** ☐ **lipase** ☐ **TSH**

☐ **dipstick or laboratory urinalysis for protein**

☐ **24 hour urine protein** within 3 days prior to next cycle if laboratory urinalysis for protein greater than or equal to 1g/L or dipstick proteinuria 2+ or 3+

☐ **Other tests:**

☐ **Consults:**

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

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**