



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 and according to acceptable standards of care.

PROTOCOL CODE: UGIOCTLAR

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

DATE: _____ **To be given:** _____ **Week #:** _____

TREATMENT:

Octreotide (Sandostatin LAR®) 20 mg intramuscular (deep intragluteal) injection every 4 weeks.

Mitte: _____ dose Repeat x _____

Octreotide (Sandostatin LAR®) 30 mg intramuscular (deep intragluteal) injection every 4 weeks.

Mitte: _____ dose Repeat x _____

Octreotide (Sandostatin LAR®) ____ mg intramuscular (deep intragluteal) injection every 4 weeks.

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: