



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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

PROTOCOL CODE: GUEVER

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment					
May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/L</b>					
Proceed with treatment based on blood work from _____					
Treatment:					
<b>everolimus 10 mg or 5 mg PO</b> on an empty stomach or after a fat-free meal daily. Mitte: _____ days					
<b>RETURN APPOINTMENT ORDERS</b>					
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____					
<input type="checkbox"/> Last Cycle. Return in _____ week(s).					
<b>CBC &amp; Diff, Platelets</b> prior to each cycle  If clinically indicated: <input type="checkbox"/> <b>Tot. Prot</b> <input type="checkbox"/> <b>Albumin</b> <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>Alk Phos.</b> <input type="checkbox"/> <b>LDH</b> <input type="checkbox"/> <b>ALT</b> <input type="checkbox"/> <b>BUN</b> <input type="checkbox"/> <b>Creatinine</b> <input type="checkbox"/> <b>Glucose</b> <input type="checkbox"/> <b>Tot. cholesterol</b> <input type="checkbox"/> <b>Triglycerides</b> <input type="checkbox"/> <b>Sodium</b> <input type="checkbox"/> <b>Potassium</b>					
<input type="checkbox"/> <b>Other tests:</b>					
<input type="checkbox"/> <b>Consults:</b>					
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC: