



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 and according to acceptable standards of care

PROTOCOL CODE: GUPAZO

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DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form 1 cycle = 4 weeks

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 1.0 x 10^9/L, Platelets greater than or equal to 75 x 10^9/L

Dose modification for: Hematology Other Toxicity

Proceed with treatment based on blood work from

TREATMENT:

PAZOpanib 800 mg or mg (select one) PO once daily on an empty stomach (one hour before or two hours after a meal)

Mitte: ____ days

RETURN APPOINTMENT ORDERS

Return in ____ weeks for Doctor and Cycle ____.

Last Cycle. Return in ____ week(s).

Every 2 weeks for Cycle 1 and 2: CBC & Diff, Platelets, Creatinine, ALT, Bilirubin Prior to Cycle 3 and each subsequent cycle: CBC & Diff, Platelets, Creatinine, ALT, Bilirubin

TSH prior to every other cycle (i.e. cycle 1, 3, 5, 7, 9, etc.)

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

MUGA scan or Echocardiography (if clinically indicated)

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: