

PROTOCOL CODE: UGUPOLAP

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DOCTOR'S ORDERS			Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form			
DATE:	To be given:	Cycle(s) #:	
Date of Previous Cycle: _____			
<input type="checkbox"/> Delay treatment _____ week(s) On day of treatment: <input type="checkbox"/> CBC & Diff			
May proceed with doses as written if within 72 hours ANC greater than or equal to 1.0 x 10⁹/L , platelets greater than or equal to 100 x 10⁹/L .			
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____ Proceed with treatment based on blood work from _____			
CHEMOTHERAPY:			
<input type="checkbox"/> olaparib 300 mg PO twice daily. Supply 30 days. Repeat x _____ (after lab work) Dose modification:			
<input type="checkbox"/> olaparib 250 mg PO twice daily. Supply 30 days. Repeat x _____ (after lab work)			
<input type="checkbox"/> olaparib 200 mg PO twice daily. Supply 30 days. Repeat x _____ (after lab work)			
<input type="checkbox"/> olaparib 150 mg PO twice daily. Supply 30 days. Repeat x _____ (after lab work)			
* Dispense in original container			
RETURN APPOINTMENT ORDERS			
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____ (1 cycle = 4 weeks)			
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____ (1 cycle = 4 weeks)			
<input type="checkbox"/> Last Cycle. Return in _____ week(s).			
Every four weeks: CBC & Diff, PSA prior to each refill and prior to RTC. If indicated: <input type="checkbox"/> CBC & Diff on Day 14. If clinically indicated: <input type="checkbox"/> creatinine <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> ALT <input type="checkbox"/> total bilirubin <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> total protocol <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> urea <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.			
DOCTOR'S SIGNATURE:			
SIGNATURE:			
			UC: