

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: GOOVOLAPM

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DOCTOR'S ORDERS Htcm Wtkg BSA	Am²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
	e(s) #:
Date of Previous Cycle:	
☐ Delay treatment week(s)	
On day of treatment: CBC & Diff, Platelets	
May proceed with doses as written if within 72 hours ANC greater than or equal to 1.0 x 10 ⁹ /L, Platelets greater than or equal to 100 x 10 ⁹ /L. Dose modification for: Hematology Other Toxicity:	
Proceed with treatment based on blood work from	
CHEMOTHERAPY:	
olaparib 300 mg PO twice daily. Supply 30 days. Repeat x (after lab work)	
Dose modification:	
olaparib 250 mg PO twice daily. Supply 30 days. Repeat x (after lab work)	
olaparib 200 mg PO twice daily. Supply 30 days. Repeat x (after lab work)	
olaparib 150 mg PO twice daily. Supply 30 days. Repeat x (after lab work)	
* Dispense in original container	
RETURN APPOINTMENT ORDERS	
 □ Return in <u>four</u> weeks for Doctor and Cycle (1 cycle = 4 weeks) □ Return in weeks for Doctor and Cycle (1 cycle = 4 weeks) □ Last Cycle. Return in week(s). 	
Every four weeks: CBC & Diff, Platelets prior to each refill and prior to RTC.	
If indicated: CBC & Diff, Platelets on day 14.	
If clinically indicated: Creatinine Sodium Potassium ALT Total bilirubin Alk Phos CA 125 CA 15-3 CA 19-9 CEA Tot. Prot Albumin GGT LDH BUN	
☐ CT C/A/P inweeks. ☐ Other tests: ☐ Consults:	
See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: