BC CANCER
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: HNOTVAN

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 #:**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

☐ **potassium, calcium, magnesium, blood pressure** day of treatment

May proceed with doses as written if within **96 hours: potassium, calcium, magnesium within normal limits, renal function according to protocol, blood pressure less than or equal to 140/90 mmHg**

Dose modification for: ☐ **Skin reactions** ☐ **Renal function** ☐ **Other**

Toxicity:_____

Proceed with treatment based on blood work from _____

TREATMENT:

☐ **vanDETanib 300 mg** PO once daily

Dose modification if required:

☐ **vanDETanib 200 mg** PO daily

☐ **vanDETanib 100 mg** PO daily

Mitte:_____ days (1 cycle=30 days)

RETURN APPOINTMENT ORDERS

Book to CAPRELSA (vandetanib) Restricted Distribution Program registered physician only

☐ **For the first cycle:** Return in two **and** four weeks for Doctor.

☐ **For Cycles 2 and 3 and after any dose change:** Return in **four** weeks for Doctor and Cycle # _____.

☐ Return in **eight** weeks for Doctor and Cycles # ____ and ____.

☐ Last Cycle. Return in _____ week(s).

DOCTOR'S SIGNATURE: **Restricted Distribution Program registered physician only**

First name: **Last Name:**

SIGNATURE:

UC:

Pharmacy may require a minimum of THREE business days for dispensing due to Restricted Distribution Program.

PROTOCOL CODE: HNOTVAN

DOCTOR'S ORDERS

DATE:

Two weeks after starting treatment and after any dose change:

CBC & Diff, Platelets, creatinine, potassium, calcium, magnesium, CEA, calcitonin, TSH, bilirubin, ALT, alkaline phosphatase, ECG, blood pressure

Prior to each Doctor's visit:

CBC & Diff, Platelets, creatinine, potassium, calcium, magnesium, CEA, calcitonin, TSH, bilirubin, ALT, alkaline phosphatase, ECG, blood pressure

If clinically indicated: ☐ **Tot. Prot** ☐ **Albumin** ☐ **GGT** ☐ **LDH** ☐ **BUN**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE: Restricted Distribution Program registered physician only

First name: **Last Name:**

SIGNATURE:

UC:

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