



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 BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care.

**PROTOCOL CODE: LUAVCRIZF**

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

**To be given:**

**Cycle #:**

Date of Previous Cycle:

**TREATMENT:**

- crizotinib 250 mg** twice daily. Supply for: \_\_\_\_\_ days.
- crizotinib 200 mg** twice daily. Supply for: \_\_\_\_\_ days (dose level -1)
- crizotinib 250 mg** once daily. Supply for: \_\_\_\_\_ days (dose level -2)

**RETURN APPOINTMENT ORDERS**

Return in \_\_\_\_\_ weeks for Doctor

**CBC & Diff, alkaline phosphatase, ALT, total bilirubin, LDH** every two weeks during Cycle 1 and Cycle 2

**CBC & Diff, alkaline phosphatase, ALT, total bilirubin, LDH** at each doctor's visit

**If clinically indicated:**

**Imaging (approx. every 4-8 weeks):**  Chest X-ray or  CT Scan (chest)

ECG

calcium  magnesium  sodium

potassium  creatinine

Other tests:

Consults:

See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**