



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 and according to acceptable standards of care.

PROTOCOL CODE: LUAVENT

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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:

- entrectinib 600 mg once daily. Supply for: _____ days.
- entrectinib 400 mg once daily. Supply for: _____ days (dose level -1)
- entrectinib 200 mg once daily. Supply for: _____ days (dose level -2)

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor

CBC, Alk Phos, ALT, Bili, LDH two weeks after starting treatment for Cycle 1

CBC, Alk Phos, ALT, Bili, LDH at each doctor's visit

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

muga scan or echocardiogram ECG calcium

magnesium sodium potassium creatinine uric acid

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: