



Provincial Health Services Authority

PROTOCOL CODE: LYALIT

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/terms-of-use and according to acceptable standards of care.

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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 #:		
Date of Previous Cycle:				
TREATMENT:				
<input type="checkbox"/> Female of childbearing potential (FCBP)				
alitretinoin <input type="checkbox"/> 30 mg or <input type="checkbox"/> 10 mg (select one) PO once daily				
Mitte: 1 month supply				
<input type="checkbox"/> Male or Female of non-childbearing potential				
alitretinoin <input type="checkbox"/> 30 mg or <input type="checkbox"/> 10 mg (select one) PO once daily				
Mitte: _____ months				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor.				
<input type="checkbox"/> Return in _____ weeks for Doctor.				
<input type="checkbox"/> Last cycle. Return in _____ week(s).				
If clinically indicated: <input type="checkbox"/> cholesterol <input type="checkbox"/> triglyceride <input type="checkbox"/> TSH <input type="checkbox"/> ALT <input type="checkbox"/> lipase <input type="checkbox"/> HBV viral load				
<input type="checkbox"/> Female of childbearing potential:				
Pregnancy test (HCG quantitative blood) weekly for 4 weeks during cycle 1				
Pregnancy test (HCG quantitative blood) every 4 weeks prior to each cycle				
Pregnancy test (HCG quantitative blood) 5 weeks following end of treatment				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				SIGNATURE:
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				
				UC: