

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.

PROTOCOL CODE: SMAJDT

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DOCTOR'S ORDERS	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE: To be given: Cycle #:	
☐ Delay treatment week(s)	
Dose Modification/Delay for	
Proceed with treatment based on blood work/ECG from	
TREATMENT:	
☐ daBRAFenib 150 mg PO twice daily ☐ Dose modification: daBRAFenib ☐ 100 mg, ☐ 75 mg or ☐ 50 mg (select one) PO twice daily	
☐ trametinib 2 mg PO daily ☐ Dose modification: trametinib ☐ 1.5 mg or ☐ 1 mg (select one) PO daily	
Supply for 30 days or fordays (available in 30 tablet containers only: dispense in original container) (1-month supply for first 3 months of therapy; may dispense 3-month supply after 3 months)	
RETURN APPOINTMENT ORDERS	
Return in 4 weeks for Doctor and Cycle # Return in 8 weeks for Doctor and Cycle # Return in 12 weeks for Doctor and Cycle # Last Treatment. Return in week(s)	
First 3 months of treatment prior to each cycle: CBC & Diff, platelets, creatinine, sodium, potassium, calcium, magnesium, alkaline phosphatase, ALT, albumin, LDH	
After 3 months of treatment prior to each physician visit: CBC & Diff, platelets, creatinine, sodium, potassium, calcium, magnesium, alkaline phosphatase, ALT, albumin, LDH	
ECG: every 4 weeks (prior to each cycle) for the first 3 cycles, then every 12 weeks	
MUGA scan or echocardiogram: at week 8, then every 12 weeks	
Other Tests: ☐ ECG ☐ CT scan ☐ MRI ☐ echocardiogram ☐ random glucose	
□ Consults: □ Dermatology Consult □ Ophthalmology Consult □ Pap smear in women □ Other Consults: □ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

Activated: 1 Nov 2019 Revised: 1 Feb 2024 (Treatment, return appointment orders updated)