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: SMAVDAB

DOCTOR'S ORDERS

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

DATE: **To be given:** **Cycle #:** (One cycle = 4 weeks)

☐ Delay treatment ______ week(s)
Dose Modification/Delay for ____

Proceed with treatment based on blood work/ECG from ___________________________

TREATMENT:

☐ **daBRAFenib** 150 mg PO twice daily for 4 weeks

Dose modification:

- ☐ **daBRAFenib** 100 mg PO twice daily for 4 weeks
- ☐ **daBRAFenib** 75 mg PO twice daily for 4 weeks
- ☐ **daBRAFenib** 50 mg PO twice daily for 4 weeks

RETURN APPOINTMENT ORDERS

☐ Return in 4 weeks for Doctor and Cycle # ______

☐ Last Treatment. Return in ______ week(s)

Baseline (prior to cycle #1): CBC and diff, platelets, creatinine, sodium, potassium, calcium, magnesium, alkaline phosphatase, ECG

Prior to each cycle: creatinine, sodium, potassium, calcium, magnesium, alkaline phosphatase

ECG: every 4 weeks (prior to each cycle) for the first 3 cycles, then every 12 weeks

Dermatology Consults: at baseline (if not performed within a year) and at 8 weeks

Other Tests: ☐ ECG ☐ CT scan ☐ MRI

☐ **Consults:**

- ☐ Dermatology Consults
- ☐ Pap smear in women
- ☐ Other Consults:

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

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**