



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: CNLAN

**DOCTOR'S ORDERS**

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

<b>DATE:</b>	<b>To be given:</b>	<b>Week #:</b>
--------------	---------------------	----------------

TREATMENT:

**Ianreotide (SOMATULINE AUTOGEL®) 60 mg** deep subcutaneous injection every 4 weeks.

Mitte: \_\_\_\_\_ dose      Repeat x \_\_\_\_\_

**Ianreotide (SOMATULINE AUTOGEL®) 90 mg** deep subcutaneous injection every 4 weeks.

Mitte: \_\_\_\_\_ dose      Repeat x \_\_\_\_\_

**Ianreotide (SOMATULINE AUTOGEL®) 120 mg** deep subcutaneous injection every 4 weeks.

Mitte: \_\_\_\_\_ dose      Repeat x \_\_\_\_\_

**RETURN APPOINTMENT ORDERS**

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

**Ultrasound gallbladder** if clinically indicated

**Other Tests:** \_\_\_\_\_

**Consults:** \_\_\_\_\_

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: