



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: SANADENO**

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## DOCTOR'S ORDERS

**ALLERGY/ALERT: Reminder to Physicians:** Please ensure drug allergies and previous bleomycin are documented on the Allergy and Alert Form.

Date/Time:

Cycle #:

☐ Delay treatment \_\_\_\_\_ week(s)

☐ May proceed with doses as written if within 96 hours **ANC greater than or equal to  $1.5 \times 10^9$  /L, Platelets greater than or equal to  $75 \times 10^9$  /L**

Dose modification for: ☐ Hematology ☐ Other Toxicity: \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

## TREATMENT:

☐ **Cycle 1 ONLY**  
denosumab 120 mg SC on Days 1, 8 and 15

Pharmacy to select denosumab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
denosumab		

OR

☐ **Cycle 2 and thereafter:**  
denosumab 120 mg SC on Day 1 every 28 days for ☐ 1 or ☐ 2 or ☐ 3 cycles (select one)

Pharmacy to select denosumab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
denosumab		

**OTHER MEDICATIONS:** Patient to take own supply

calcium elemental 500 mg PO daily and

vitamin D 400 units PO daily

☐ Prescriptions given to patient (dd/mm/yy): \_\_\_\_\_

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

UC:



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Date/Time:		Cycle #:	
<b>RETURN APPOINTMENT ORDERS</b>			
<input type="checkbox"/> <b>FIRST CYCLE.</b> Book patient to Patient Support Clinic Cycle 1 Day 1 for subcutaneous injection teaching.		CX Date:	
<input type="checkbox"/> <b>FIRST CYCLE.</b> Book patient to Patient Support Clinic Cycle 1 Day 1, 8 and 15 for injection only.		RTC Date:	
<input type="checkbox"/> Return in <input type="checkbox"/> 4 or <input type="checkbox"/> 8 or <input type="checkbox"/> 12 ( <i>select one</i> ) weeks for Cycle _____.		RTC Date:	
<input type="checkbox"/> Book injection every 4 weeks x <input type="checkbox"/> 1 or <input type="checkbox"/> 2 or <input type="checkbox"/> 3 cycle(s) ( <i>select one</i> )			
<input type="checkbox"/> Last cycle. Return in _____ weeks			
<b>CBC + Diff, calcium, phosphate, albumin</b> prior to each doctor's visit <input type="checkbox"/> outside lab, day before doctor's visit		Date:	
If clinically indicated: <input type="checkbox"/> <b>bilirubin</b> <input type="checkbox"/> <b>ALT, alkaline phosphatase</b> <input type="checkbox"/> <b>creatinine</b>			
<b>Other tests:</b>		Date:	
<input type="checkbox"/> CT scan _____ in _____ weeks			
<input type="checkbox"/> See general order sheet for additional requests.			
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>	
		<b>UC:</b>	