



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: GUEVER

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: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment		
May proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L		
Proceed with treatment based on blood work from _____		
Treatment:		
<input type="checkbox"/> everolimus 10 mg PO daily <input type="checkbox"/> everolimus 5 mg PO daily (dose level -1) <input type="checkbox"/> everolimus 5 mg PO every other day (dose level -2)		
Mitte: _____ days		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____		
<input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, Platelets prior to each cycle		
If clinically indicated: <input type="checkbox"/> Tot. Prot <input type="checkbox"/> Albumin <input type="checkbox"/> Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> Alk Phos. <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine <input type="checkbox"/> Glucose <input type="checkbox"/> Tot. cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium		
<input type="checkbox"/> Other tests:		
<input type="checkbox"/> Consults:		
<input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: