



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: GUPAZO

(Page 1 of 1)

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form 1 cycle = 4 weeks

DATE: To be given: Cycle #:

Date of Previous Cycle:

Delay treatment _____ week(s)

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**

Dose modification for: **Hematology** **Other Toxicity** _____

Proceed with treatment based on blood work from _____

TREATMENT:

PAZopanib **800 mg** or _____ mg (select one) PO once daily

Mitte: _____ days

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and Cycle _____.

Last Cycle. Return in _____ week(s).

**Every 2 weeks for Cycle 1 and 2: CBC & Diff, Platelets, Creatinine, ALT, Bilirubin
Prior to Cycle 3 and each subsequent cycle: CBC & Diff, Platelets, Creatinine, ALT, Bilirubin**

TSH prior to every other cycle (i.e. cycle 1, 3, 5, 7, 9, etc.)

If clinically indicated: **Tot. Prot** **Albumin** **GGT** **Alk Phos.**

LDH **TSH** **Calcium** **Phos**

Potassium **Sodium**

MUGA scan or **Echocardiography (if clinically indicated)**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: