



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

Page 1 of 1

<b>DOCTOR'S ORDERS</b>	
<b>ALLERGY/ALERT: Reminder to Physicians:</b> <i>Please ensure drug allergies and previous bleomycin are documented on the Allergy and Alert Form.</i>	
Date/Time:	Cycle #:
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup> /L, Platelets greater than or equal to 75 x 10<sup>9</sup> /L</b> Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____ Proceed with treatment based on blood work from _____	
<b>TREATMENT:</b> <input type="checkbox"/> <b>Cycle 1 ONLY</b> denosumab (XGEVA®) 120 mg SC on Days 1, 8 and 15 <b>OR</b> <input type="checkbox"/> <b>Cycle 2 and thereafter:</b> denosumab (XGEVA®) 120 mg SC on Day 1 every 28 days for <input type="checkbox"/> 1 or <input type="checkbox"/> 2 or <input type="checkbox"/> 3 cycles ( <i>select one</i> )	
<b>OTHER MEDICATIONS:</b> Patient to take own supply <b>calcium elemental 500 mg</b> PO daily and <b>vitamin D 400 units</b> PO daily <input type="checkbox"/> Prescriptions given to patient (dd/mm/yy): _____	
<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. <input type="checkbox"/> <b>FIRST CYCLE.</b> Book patient to Patient Support Clinic Cycle 1 Day 1, 8 and 15 for injection only. <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 _____. <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	CX Date:  RTC Date:  RTC Date:
<b>CBC + Diff, calcium, phosphate, albumin</b> prior to each doctor's visit <input type="checkbox"/> outside lab, day before doctor's visit If clinically indicated: <input type="checkbox"/> <b>bilirubin</b> <input type="checkbox"/> <b>ALT, alkaline phosphatase</b> <input type="checkbox"/> <b>creatinine</b>	Date:
<b>Other tests:</b> <input type="checkbox"/> CT scan _____ in _____ weeks <input type="checkbox"/> See general order sheet for additional requests.	Date:
<b>DOCTOR'S SIGNATURE</b>	<b>Signatures</b> <b>UC:</b> <b>RN:</b>