



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: GUMCSPDAR

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DOCTOR'S ORDERS	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE:	To be given:
<input type="checkbox"/> Delay treatment _____ week(s) Proceed with treatment based on bloodwork from _____	
TREATMENT:	
<input type="checkbox"/> darolutamide 600 mg PO twice daily. Dispense: 90 days. Repeat x _____ Dose modification:	
<input type="checkbox"/> darolutamide 300 mg PO twice daily. Dispense: 90 days. Repeat x _____	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in _____ weeks for Doctor	
PSA prior to each physician visit If clinically indicated: <input type="checkbox"/> albumin <input type="checkbox"/> total bilirubin <input type="checkbox"/> INR <input type="checkbox"/> ALT <input type="checkbox"/> creatinine <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> TSH <input type="checkbox"/> ECG <input type="checkbox"/> testosterone <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: