



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: LUAJALE

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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(s) #:
Date of Previous Cycle: _____				
TREATMENT:				
alectinib 600 mg PO twice daily				
Dose modification if required:				
☐ alectinib 450 mg PO twice daily				
☐ alectinib 300 mg PO twice daily				
Supply for: _____ days Repeat x _____				
RETURN APPOINTMENT ORDERS				
☐ Return in _____ weeks for Doctor				
Cycle 1: CBC & Diff, alkaline phosphatase, ALT, total bilirubin, LDH and creatine kinase 2 weeks after starting treatment and prior to next cycle				
Cycle 2 & 3: CBC & Diff, alkaline phosphatase, ALT, total bilirubin, and LDH every 2 weeks and prior to next cycle				
Cycle 4 onwards: CBC & Diff, alkaline phosphatase, ALT, total bilirubin, and LDH prior to next doctor's visit				
If clinically indicated:				
☐ chest X-ray or ☐ CT Scan (chest)				
☐ ECG ☐ creatine kinase ☐ calcium ☐ potassium ☐ creatinine				
☐ Other tests:				
☐ Consults:				
☐ See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:		SIGNATURE:		
		UC:		