



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: LULAOSI

DOCTOR'S ORDERS Wt _____ kg	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE:	To be given:
TREATMENT:	
osimertinib 80 mg PO once daily	
Dose modification if required:	
<input type="checkbox"/> osimertinib 40 mg PO once daily	
Supply for: _____ days. Repeat x _____	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in _____ weeks for Doctor	
alkaline phosphatase, ALT, total bilirubin, LDH, potassium, calcium, magnesium prior to each doctor's visit	
If clinically indicated:	
<input type="checkbox"/> CBC & Diff <input type="checkbox"/> creatinine <input type="checkbox"/> ECG	
<input type="checkbox"/> MUGA scan or <input type="checkbox"/> echocardiogram (select one)	
<input type="checkbox"/> chest X-ray	
<input type="checkbox"/> Other tests:	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: