BC CANCER
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: HNOTDSEL

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 #:**

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 10^9/L, Platelets greater than or equal to 75 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** ______________________________

Proceed with treatment based on blood work from ____

TREATMENT: Continuous treatment

selpercatinib (select one)
☐ **160 mg** PO twice daily
☐ **120 mg** PO twice daily
☐ **80 mg** PO twice daily
☐ **40 mg** PO twice daily
☐ **40 mg** PO **once** daily

Mitte: ___________days (30 days supply for the first 6 months of therapy; may dispense 90 days supply after 6 months)

RETURN APPOINTMENT ORDERS

☐ Return in 4 weeks for Doctor and Cycle _________
☐ Return in _______ weeks (maximum 12 weeks) for Doctor and Cycle _________

Seven days after start of treatment: **sodium, potassium, magnesium, calcium, ECG, blood pressure**

First 3 months: **ALT and total bilirubin** every 2 weeks

Months 1 to 6:
CBC & Diff, platelets, creatinine, ALT, total bilirubin, sodium, potassium, magnesium, calcium, albumin, TSH, thyroglobulin (Tg), thyroglobulin antibody (TgAb), blood pressure, ECG monthly

After 6 months, before each doctor's visit:
CBC & Diff, platelets, creatinine, ALT, total bilirubin, sodium, potassium, magnesium, calcium, albumin, TSH, thyroglobulin (Tg), thyroglobulin antibody (TgAb), blood pressure

If clinically indicated:
☐ **random glucose** ☐ **uric acid** ☐ **phosphorus** ☐ **total cholesterol** ☐ **BUN**
☐ **ECG** ☐ **chest x-ray**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:
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