



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: HNOTTSH

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:				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
Have Hypersensitivity Reaction Tray and Protocol Available				
TREATMENT:				
Thyrotropin alpha 0.9 mg IM q 24 h x 2 doses				
Injections to be given in the gluteal muscle.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
24 hours after final thyrotropin alpha injection (Day 3): TSH then Radioiodine ¹³¹Iodine Dose (Nuclear Medicine)				
Day 5: Serum Thyroglobulin then Nuclear Medicine (Scanning and Uptake Measurement)				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	