



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: **LKAMLMIDO**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b> _____ of _____		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s)				
<b>Refer to induction and consolidation chemotherapy orders for general laboratory monitoring related to induction and consolidation chemotherapy</b>				
Dose modification for: <input type="checkbox"/> QTc prolongation <input type="checkbox"/> Other Toxicity: _____				
Proceed with treatment based on blood work from _____				
<b>TREATMENT:</b>				
Indicate cycle: <input type="checkbox"/> induction 1 <input type="checkbox"/> induction 2				
<input type="checkbox"/> consolidation 1 <input type="checkbox"/> consolidation 2 <input type="checkbox"/> consolidation 3				
Indicate start date of chemotherapy cycle: Day 1 (date): _____				
midostaurin <b>50 mg</b> PO BID daily for 14 days from day 8 to 21 of each cycle,.				
Start Day 8 (date): _____ to Day 21 (date): _____				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return for cycle _____ in 4 weeks (i.e., day 29) = _____				
<b>ECG on days 8, 10 and 21 of each cycle</b>				
<b>Refer to induction and consolidation chemotherapy orders for general laboratory monitoring related to induction and consolidation chemotherapy</b>				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>