



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 BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care.

PROTOCOL CODE: LUAVCRIZR

DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE:

To be given:

Cycle #:

Date of Previous Cycle:

TREATMENT:

- crizotinib 250 mg** twice daily. Supply for: \_\_\_\_\_ days.
- crizotinib 200 mg** twice daily. Supply for: \_\_\_\_\_ days (dose level -1)
- crizotinib 250 mg** once daily. Supply for: \_\_\_\_\_ days (dose level -2)

RETURN APPOINTMENT ORDERS

Return in \_\_\_\_\_ weeks for Doctor

**CBC, Alk Phos, ALT, Bili, LDH** every two weeks during Cycle 1 and Cycle 2

**CBC, Alk Phos, ALT, Bili, LDH** at each doctor's visit

**Imaging (approx. every 4-8 weeks):**  **Chest X-ray** or  **CT Scan (chest)**

**ECG (if clinically indicated)**  **calcium**  **magnesium**  **sodium**

**potassium**  **creatinine**

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: