



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 and according to acceptable standards of care

PROTOCOL CODE: LYMECHLOR

DOCTOR'S ORDERS

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)

Dose modification for: Toxicity: _____

TREATMENT:

mechlorethamine (chlormethine, LEDAGA®) 160mcg/g gel. Apply a thin layer topically to affected area(s) once daily as directed.

Mitte: _____ x 60 g tube

Repeat x _____.

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor.

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: