



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: MYBORMTN

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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:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment				
Proceed with bortezomib doses for entire cycle as written, if within 96 hours of Day 1 and 29: ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 50 x 10⁹/L, total bilirubin less than or equal to 1.5 x upper limit of normal, and creatinine clearance as per protocol				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity : _____ Proceed with treatment based on blood work from _____				
TREATMENT: <ul style="list-style-type: none">Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily bortezomib <input type="checkbox"/> 1.3 mg /m ² or <input type="checkbox"/> 1 mg/m ² or <input type="checkbox"/> 0.7 mg/m ² or <input type="checkbox"/> 0.5 mg/m ² (select one) x BSA = _____ mg subcutaneous injection on Days 1, 15, 29 and 43				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in <u>eight</u> weeks for Doctor and Cycle _____. Book chemo on Days 1, 15, 29 and 43				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, random glucose, serum protein electrophoresis and serum free light chain levels every 4 weeks (prior to Day 1 and Day 29 of each cycle) <input type="checkbox"/> Urine protein electrophoresis every 4 weeks <input type="checkbox"/> Immunoglobulin panel (IgA, IgG, IgM) every 4 weeks <input type="checkbox"/> Beta-2 microglobulin every 4 weeks <input type="checkbox"/> CBC & Diff Days 15, 43 <input type="checkbox"/> Creatinine, sodium, potassium Days 15, 43 <input type="checkbox"/> Total bilirubin, ALT, alkaline phosphatase Days 15, 43 <input type="checkbox"/> Random glucose Days 15, 43 <input type="checkbox"/> Calcium, albumin Days 15, 43 <input type="checkbox"/> HBV viral load prior to next cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	