



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 on day of treatment <input type="checkbox"/> CBC & Diff, Platelets, Creatinine, ALT , Bilirubin on day of treatment <ul style="list-style-type: none"> • May proceed with bortezomib dose Day 1 as written, if within 96 hours ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 30 x 10⁹/L, bilirubin less than or equal to 1.5 x upper limit of normal • May proceed with bortezomib dose Day 29 as written, if within 96 hours ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 30 x 10⁹/L, bilirubin less than or equal to 1.5 x upper limit of normal 				
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"> • If patient is VZV seropositive and/or at physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg daily while on bortezomib and for four weeks after discontinuation <p>bortezomib 1.3 mg /m² or 1 mg/m² or 0.7 mg/m² (circle one) x BSA x =_____ mg</p> <p>SC injection on Day 1, 15, 29 and 43</p>				
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).				
Serum Protein Electrophoresis and/or Serum Free Light Chain Levels (CIRCLE APPROPRIATE) prior to Day 1 and Day 29 of each cycle CBC & Diff, Platelets, Creatinine, Calcium, ALT, Serum Bilirubin prior to Day 1 and Day 29 of each 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:		