



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: MYBORREL

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DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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)

☐ **CBC & Diff** on day of treatment

Proceed with all medications for entire cycle as written, if within 96 hours of Day 1: **ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 50 x 10⁹/L and creatinine clearance as per protocol**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** : _____

Proceed with treatment based on blood work from _____

TREATMENT:

- Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily

bortezomib ☐ **1.5 mg/m²** or ☐ **1.3 mg/m²** or ☐ **1 mg/m²** or ☐ **0.7 mg/m²** or ☐ **0.5 mg/m²** (select one) x BSA = _____ mg
subcutaneous injection on Days 1, 8, 15 and 22

OPTIONAL CYCLOPHOSPHAMIDE:

☐ **cyclophosphamide 500 mg** PO once weekly in the morning on Days 1, 8, 15, and 22. Dispense _____ cycles.

OR

☐ **cyclophosphamide** _____ mg PO once weekly in the morning on Days _____ Dispense _____ cycles.

OR

☐ **cyclophosphamide 50 mg** PO once in the morning every 2 days for _____ doses. Dispense _____ cycles

STEROID (select one)*

☐ **dexamethasone** ☐ **40 mg** or ☐ **20 mg** PO in morning on Days _____ (write in) of each cycle

☐ **dexamethasone** _____ mg PO in morning on Days _____ (write in) of each cycle

☐ **predniSONE** _____ mg PO in morning on Days _____ (write in) of each cycle

☐ **No Steroid**

*Refer to Protocol for suggested dosing options

NB: Bortezomib twice weekly dosing option available (see protocol). Orders should be handwritten on a separate order.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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Date:	
RETURN APPOINTMENT ORDERS	
<p>Return in <u>four</u> weeks for Doctor and Cycle ____.</p> <p>Book chemo on Days 1, 8, 15 and 22</p> <p><input type="checkbox"/> Last Cycle. Return in _____ week(s).</p>	
<p>Prior to each cycle: CBC & Diff, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, random glucose, serum protein electrophoresis <u>and</u> serum free light chain levels</p> <p><input type="checkbox"/> Urine protein electrophoresis prior to each cycle</p> <p><input type="checkbox"/> Immunoglobulin panel (IgA, IgG, IgM) prior to each cycle</p> <p><input type="checkbox"/> Beta-2 microglobulin prior to each cycle</p> <p><input type="checkbox"/> CBC & Diff Days 8, 15, 22</p> <p><input type="checkbox"/> Creatinine, sodium, potassium Days 8, 15, 22</p> <p><input type="checkbox"/> Total bilirubin, ALT, alkaline phosphatase Days 8, 15, 22</p> <p><input type="checkbox"/> Random glucose Days 8, 15, 22</p> <p><input type="checkbox"/> Calcium, albumin Days 8, 15, 22</p> <p><input type="checkbox"/> HBV viral load prior to next cycle</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Consults:</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: