

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, platelets day of treatment Proceed with treatment for all medications for entire cycle as written, if within 96 hours of Day 1: ANC greater than or equal to $0.5 \times 10^9/L$, platelets greater than or equal to $50 \times 10^9/L$, 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 _____					
STEROID (select one)*					
<input type="checkbox"/> dexamethasone 20 mg PO in morning on Days 1, 2, 8, 9, 15, 16, 22, 23 of each cycle <input type="checkbox"/> dexamethasone _____ mg PO in morning on Days _____ (<i>write in</i>) of each cycle <input type="checkbox"/> predniSONE _____ mg PO in morning on Days _____ (<i>write in</i>) of each cycle <input type="checkbox"/> No Steroid *Refer to Protocol for suggested dosing options					
SELINEXOR PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.					
dexamethasone as ordered in steroid section prior to selinexor antiemetics per protocol <input type="checkbox"/> Other:					
selinexor 100 mg PO on Days 1, 8, 15, 22 of each cycle Dose modification (select one): <input type="checkbox"/> selinexor _____ mg PO on Days 1, 8, 15, 22 of each cycle <input type="checkbox"/> selinexor 60 mg PO on Days 1, 4, 8, 11, 15, 18, 22, 25 of each cycle					
<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/m² or <input type="checkbox"/> 1 mg/m² or <input type="checkbox"/> 0.7 mg/m² or <input type="checkbox"/> 0.5 mg/m² (select one) x BSA = _____ mg SC injection on Days 1, 8 and 15					
OPTIONAL CYCLOPHOSPHAMIDE:					
<input type="checkbox"/> cyclophosphamide 500 mg PO once weekly in the morning on Days 1, 8, 15 and 22. Dispense _____ cycles. OR <input type="checkbox"/> cyclophosphamide _____ mg PO once weekly in the morning on Days _____ Dispense _____ cycles. OR <input type="checkbox"/> cyclophosphamide 50 mg PO once in the morning every 2 days for _____ doses. Dispense _____ cycles					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:

Date:	
RETURN APPOINTMENT ORDERS	
<p>Return in four weeks for Doctor and Cycle _____.</p> <p>Book chemo on Days 1, 8 and 15.</p> <p><input type="checkbox"/> Last Cycle. Return in _____ week(s).</p>	
<p>CBC & Diff, platelets, 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 every 4 weeks</p> <p>CBC & Diff, platelets, creatinine, sodium, potassium, magnesium, calcium Days 8, 15, 22 of Cycle 1</p> <p>During cycle 1: weekly telephone nursing assessment</p> <p><input type="checkbox"/> Cycle 2 onward: every _____ weekly telephone nursing assessment for _____ weeks</p> <p><input type="checkbox"/> Urine protein electrophoresis every 4 weeks</p> <p><input type="checkbox"/> Immunoglobulin panel (IgA, IgG, IgM) every 4 weeks</p> <p><input type="checkbox"/> Beta-2 microglobulin every 4 weeks</p> <p><input type="checkbox"/> CBC & Diff, platelets Days 8, 15, 22 (Cycles 2 and onward)</p> <p><input type="checkbox"/> Creatinine, sodium, potassium Days 8, 15, 22 (Cycles 2 and onward)</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"/> phosphate <input type="checkbox"/> BUN <input type="checkbox"/> magnesium</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: