



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: MYMP

DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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 and Platelets** day of treatment

Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

CHEMOTHERAPY:

**melphalan 9 mg/m<sup>2</sup>/day** x BSA x ( \_\_\_\_\_ %) = \_\_\_\_\_ mg PO daily x 4 days.

**predniSONE 100 mg/day** x PO daily x 4 days.

RETURN APPOINTMENT ORDERS

Return in **four** weeks for Doctor and Cycle \_\_\_\_\_

Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, Platelets, Calcium, Creatinine** prior to each cycle

If clinically indicated:  **SPE** prior to next Doctor's visit

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: