

PROTOCOL CODE: MYMP

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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 all medications for entire cycle as written, if within 96 hours Day 1: ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L 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 _____		
CHEMOTHERAPY:		
<ul style="list-style-type: none"> Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily 		
melphalan 9 mg/m²/day x BSA x (_____ %) = _____ mg PO daily x 4 days on Days 1 to 4 <i>(round to nearest 2 mg)</i>		
predniSONE 100 mg PO daily x 4 days on Days 1 to 4		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____		
<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 <u>and</u> serum free light chain levels every 4 weeks		
<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 8, 15, 22		
<input type="checkbox"/> Creatinine, sodium, potassium Days 8, 15, 22		
<input type="checkbox"/> Total bilirubin, ALT, alkaline phosphatase Days 8, 15, 22		
<input type="checkbox"/> Random glucose Days 8, 15, 22		
<input type="checkbox"/> Calcium, albumin Days 8, 15, 22		
<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: