PROTOCOL CODE: MYMP

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
</table>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

<table>
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<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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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/m²/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:**

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.