

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment Proceed with treatment for all medications for entire cycle as written, if within 96 hours of Day 1: <b>ANC greater than or equal to <math>0.5 \times 10^9/L</math>, platelets greater than or equal to <math>50 \times 10^9/L</math>, total bilirubin less than or equal to 1.5 x upper limit of normal, and creatinine clearance as per protocol</b>  Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> : _____  Proceed with treatment based on blood work from _____					
<b>TREATMENT:</b> <ul style="list-style-type: none"> <li>A referral to the Leukemia/BMT Program of BC must be made at the start of the first cycle or shortly after for planning purposes.</li> <li>Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily</li> </ul> <b>bortezomib</b> <input type="checkbox"/> 1.5 mg/m <sup>2</sup> or <input type="checkbox"/> 1.3 mg /m <sup>2</sup> or <input type="checkbox"/> 1 mg/m <sup>2</sup> or <input type="checkbox"/> 0.7 mg/m <sup>2</sup> or <input type="checkbox"/> 0.5 mg/m <sup>2</sup> (select one) x BSA = ____mg subcutaneous injection on Days 1, 8, 15 and 22  <b>STEROID (select one)*</b> <input type="checkbox"/> dexamethasone <input type="checkbox"/> 40 mg or <input type="checkbox"/> 20 mg PO in morning on Days _____ (write in) of each cycle <input type="checkbox"/> dexamethasone _____ mg PO in morning on Days _____ (write in) of each cycle <input type="checkbox"/> predniSONE _____ mg PO in morning on Days _____ (write in) of each cycle <input type="checkbox"/> <b>No Steroid</b> * Refer to Protocol for suggested dosing options NB: Bortezomib twice weekly dosing option available (see protocol). Orders should be handwritten on a separate order.					
<b>OPTIONAL CYCLOPHOSPHAMIDE:</b> <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					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>

<b>Date:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
Return in <b>four</b> weeks for Doctor and Cycle _____. Book chemo on Days 1, 8, 15, 22 <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p><b>Prior to each cycle: CBC &amp; 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</b></p> <input type="checkbox"/> Urine protein electrophoresis prior to each cycle <input type="checkbox"/> Immunoglobulin panel (IgA, IgG, IgM) prior to each cycle <input type="checkbox"/> Beta-2 microglobulin prior to each cycle <input type="checkbox"/> CBC & Diff, platelets 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"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>