

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<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 all medications for entire cycle as written, if within 96 hours Day 1: <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 100 x 10<sup>9</sup>/L 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>CHEMOTHERAPY:</b>				
<ul style="list-style-type: none"> <li>• Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily</li> </ul>				
<b>melphalan 9 mg/m<sup>2</sup>/day</b> x BSA x ( _____ %) = _____ mg PO daily x 4 days on Days 1 to 4 <i>(round to nearest 2 mg)</i>				
<b>predniSONE 100 mg</b> PO daily x 4 days on Days 1 to 4				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>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> every 4 weeks				
<input type="checkbox"/> <b>Urine protein electrophoresis</b> every 4 weeks <input type="checkbox"/> <b>Immunoglobulin panel (IgA, IgG, IgM)</b> every 4 weeks <input type="checkbox"/> <b>Beta-2 microglobulin</b> every 4 weeks <input type="checkbox"/> <b>CBC &amp; Diff, platelets</b> Days 8, 15, 22 <input type="checkbox"/> <b>Creatinine, sodium, potassium</b> Days 8, 15, 22 <input type="checkbox"/> <b>Total bilirubin, ALT, alkaline phosphatase</b> Days 8, 15, 22 <input type="checkbox"/> <b>Random glucose</b> Days 8, 15, 22 <input type="checkbox"/> <b>Calcium, albumin</b> Days 8, 15, 22 <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>