



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 BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: LYMECHLOR**

<b>DOCTOR'S ORDERS</b>		
<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)		
Dose modification for: <input type="checkbox"/> <b>Toxicity:</b> _____		
<b>TREATMENT:</b>		
<b>chlormethine (mechlorethamine) 0.016 % gel.</b> Apply a thin layer topically to affected area(s) once daily as directed.		
(0.016 % = 160 mcg/g)		
Mitte: _____ x 60 g tube		
Repeat x _____.		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in _____ weeks for Doctor.		
<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>