



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 and according to acceptable standards of care!

DOCTOR'S ORDERS

PROTOCOL CODE: LYIVAC (MAGRATH B) + R (RITUXIMAB) CHEMOTHERAPY REGIMEN	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.	
Date/Time:	
Cycle #:	
Admit to inpatient bed <input type="checkbox"/> GENERAL CONSENT SIGNED	
LABORATORY: Before each treatment: CBC & diff, platelets, creatinine, lytes, AST, ALT, bilirubin, alkaline phosphatase, LDH Daily q am during treatment: CBC & diff, platelets, creatinine, lytes	
PREMEDICATIONS: For Day 1-5 IVAC portion: <ul style="list-style-type: none"> Ondansetron 8 mg PO/IV pre-chemotherapy, then every 12 hours until day 5. Dexamethasone 12 mg PO pre-chemotherapy daily until day 5. For Day 4 rituximab portion: <ul style="list-style-type: none"> See rituximab pre-printed order 	
Complete G-CSF (Filgrastim) pre-printed order form.	
Complete Febrile Neutropenia pre-printed order form.	
FIRST PHYSICIAN'S SIGNATURE	Signatures UC: RN:
SECOND PHYSICIAN'S SIGNATURE	



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DOCTOR'S ORDERS

LYIVAC (MAGRATH B) + R (RITUXIMAB) CHEMOTHERAPY REGIMEN

Date/Time:

CHEMOTHERAPY: All chemotherapy doses are calculated on the basis of the corrected body weight, unless actual body weight is less than or equal to ideal body weight, in which case the actual body weight is used

<i>Body Surface Area (BSA) Calculation:</i>	
Height: _____ cm	Actual Weight: _____ kg
<ul style="list-style-type: none"> ▪ Height and weight to be verified by 2 RNs ▪ Document height and weight on Chemotherapy Checklist 	
Ideal Body Weight: Male = 51.65 + 0.73 (height in cm - 152.4) Female = 48.67 + 0.65 (height in cm - 152.4)	Ideal Body Weight = _____ kg
Corrected Body Weight: $\frac{\text{actual body weight} + \text{ideal body weight}}{2}$	Corrected Body Weight = _____ kg
$BSA(m^2) = \sqrt{\frac{\text{Height (cm)} \times \text{Weight (kg)}}{3600}}$ Round all BSA calculations to 2 decimal places	BSA = _____ m ²
	Corrected BSA = _____ m ²

On _____ (day 1) at 0600h, start IV hydration with 2/3D5W1/3NS + _____ mEq potassium chloride/L + _____ g magnesium sulfate/L at 125 mL/hr (3000 mL/day).

On _____ (day 1) at 1000h, give **cytarabine** _____ mg (2000 mg/m²) in 100 mL NS IV over 2 hours. Repeat q12h for a total of 4 doses (_____, _____).

Prednisolone 0.12% ophthalmic drops 2 drops in each eye q4h, starting immediately before first dose of cytarabine and continuing until 48 hours after the last dose of cytarabine.

Start signature screening sheet for cytarabine cerebellar toxicity.

On _____ (day 1) at 1200h, give **ifosfamide** _____ mg (1500 mg/m²) in 500 mL NS IV over 2 hours. Repeat daily for a total of 5 days (_____, _____, _____, _____, _____).

On _____ (day 1), 30 minutes prior to ifosfamide dose, give **MESNA** _____ mg (375 mg/m²) in 100 mL D5W IV over 15 minutes, then repeat at 3, 6 and 9 hours after ifosfamide dose (i.e., 4 doses/day for a total of MESNA 1500 mg/m²/day). Repeat daily for a total of 5 days (_____, _____, _____, _____, _____).

On _____ (day 1) at 1400h, give **etoposide** _____ mg (60 mg/m²) in 250 to 500 mL (non-PVC bag) NS IV over 1 hour (use non-PVC tubing). Repeat daily for a total of 5 days (_____, _____, _____, _____, _____).

FIRST PHYSICIAN'S SIGNATURE

SECOND PHYSICIAN'S SIGNATURE

Signatures

UC:

RN:



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DOCTOR'S ORDERS

LYIVAC (MAGRATH B) + R (RITUXIMAB) CHEMOTHERAPY REGIMEN	
Date/Time:	
<p>CHEMOTHERAPY (Cont'd): On _____ (day 4), give rituximab 375mg/m² – Complete attached LYIVAC + R – Rituximab Treatment pre-printed order form.</p> <p>On _____ (day 5) at _____ h, have methotrexate 12 mg at bedside for intrathecal instillation, if platelet recovery greater than 50 x 10⁹/L – Complete attached LYIVAC-IT pre-printed order form.</p> <p>Methotrexate 12 mg also to be given via intrathecal instillation after day 18, once platelet count is greater than 50 x 10⁹/L – Complete attached LYIVAC-IT pre-printed order form.</p> <p>A total of 8 doses of intrathecal chemotherapy should be given during the course of all treatments, 2 doses per cycle of chemotherapy, then the concluding doses, 1 dose per week, after all other treatments are complete.</p>	
<p>SUPPORTIVE CARE:</p> <p>On _____ (day 7), start Amphotericin B _____ mg (10 mg/m²) IV q24h. Complete Amphotericin B pre-printed order form.</p>	DATE:
<p>On _____ (day 7), start Valacyclovir 500 mg po daily OR Acyclovir _____ mg (5 mg/kg) IV q12h, if patient's HSV serology is positive. Please use the oral route, if the patient can swallow.</p>	DATE:
<p>On _____ (day 7), start filgrastim as per pre-printed order, and continue until ANC greater than 1</p> <p>Complete G-CSF (Filgrastim) pre-printed order form.</p>	DATE:
<p>FIRST PHYSICIAN'S SIGNATURE</p> <p>SECOND PHYSICIAN'S SIGNATURE</p>	Signatures UC: RN:



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PROTOCOL CODE:

LYIVAC (MAGRATH B) + R (Rituximab)

Class II Drug: Indication for use of **Rituximab** (check one):

- Newly Diagnosed Burkitt Lymphoma (formerly known as Small Non-Cleaved Burkitt-Type)
 Burkitt Leukemia (ALL-L3)

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DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
DATE:				
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s). <input type="checkbox"/> CBC & Diff and Platelets on the day of treatment. Proceed with treatment based on blood work from _____.				
PREMEDICATIONS:				
Diphenhydramine 50 mg PO prior to treatment and q 4 hours during infusion. Acetaminophen 650-1000 mg PO prior to treatment and q 4 hours during infusion. <input type="checkbox"/> Other:				
Have Hypersensitivity Tray and Protocol Available				
TREATMENT: (Continued) On _____ (day 4): ADJUNCTIVE CHEMOTHERAPY, use Actual BSA Rituximab (first dose) 375 mg/m² x BSA = _____ mg IV in 250-500 mL NS over 3-8 hours (may divide dose equally into 2 x 250 mL NS).				
TREATMENT #1: NOTE: If the peripheral blood lymphocyte count is above 30 x 10 ⁹ /L, the Rituximab should not be given. Start at 50 mg/hour. After 60 minutes, increase rate by 50 mg/hour every 30 minutes until rate = 400 mg/hour unless toxicity occurs. For first dose, patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. Vital signs are not required, unless symptomatic.				
FOR ALL SUBSEQUENT TREATMENTS:				
Rituximab (subsequent dose) 375 mg/m² x BSA = _____ mg IV in 250 to 500 mL NS. Infuse 50 mL (or 100 mL of 500 mL bag) (1/5 of total volume) of the dose over 30 minutes, then infuse the remaining 200 mL (or 400 mL of 500 mL bag) (4/5 of total volume) over 1 hour (= 1 hour 30 minutes infusion). If flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician. For all subsequent doses, constant visual observation is not required.				
FIRST PHYSICIAN'S SIGNATURE			Signatures UC: RN:	
SECOND PHYSICIAN'S SIGNATURE				



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DOCTOR'S ORDERS

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PROTOCOL CODE: LYIVAC -IT

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

Date/Time:

INTRATHECAL (IT) CHEMOTHERAPY: (BY PHYSICIAN ONLY)

Methotrexate 12 mg IT (intrathecal) qs to 6 mL with *preservative-free* NS on _____ (day 5), if platelets greater than $50 \times 10^9/L$.

Methotrexate 12 mg IT (intrathecal) qs to 6 mL with *preservative-free* NS on _____ (after day 18), if platelets greater than $50 \times 10^9/L$.

DO NOT GIVE MORE THAN ONE IT (intrathecal) MEDICATION at any given time.

Bed rest for 30 minutes after procedure in prone (abdomen down) position.

See General order sheet for additional requests.

DOCTOR'S SIGNATURE:
(ONE SIGNATURE REQUIRED)

Signatures:
UC:
RN:

MEDICATION VERIFICATION CHECKS
(Full Signatures Required)

MEDICATION / ROUTE	DATE	SIGNATURES
Methotrexate 12 mg IT (intrathecal)		RN: MD: