

**PROTOCOL CODE: LYAVDBV**

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<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</b> day of treatment May proceed with day 1 doses as written if within 96 hours <b>ANC</b> greater than or equal to <b>0.6 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm. <b>dexamethasone</b> <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> (select one) PO 30 to 60 minutes prior to treatment and <b>select ONE</b> of the following:		
<input type="checkbox"/>	<b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to treatment <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment	
<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg</b> PO 30 to 60 minutes prior to treatment	
If required after Cycle 1 due to prior infusion reaction:		
<input type="checkbox"/> <b>diphenhydrAMINE 50 mg</b> PO 30 minutes prior to brentuximab vedotin <input type="checkbox"/> <b>acetaminophen 650 - 975 mg</b> PO 30 minutes prior to brentuximab vedotin <input type="checkbox"/> <b>hydrocortisone 100 mg</b> IV prior to etoposide <input type="checkbox"/> <b>diphenhydrAMINE 50 mg</b> IV prior to etoposide <input type="checkbox"/> <b>Other:</b> _____		
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>		
<b>TREATMENT:</b> Note: Patients should be on filgrastim as per protocol. RN to confirm. <b>DOXOrubicin 25 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push on <b>Day 1</b> and <b>Day 15</b> <b>vinBLASTine 6 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 50mL NS over 15 minutes on <b>Day 1</b> and <b>Day 15</b> <b>dacarbazine 375 mg/m<sup>2</sup> x BSA = _____ mg</b> IV in 250 to 500 mL NS over 1 to 2 hours on <b>Day 1</b> and <b>Day 15</b> <b>brentuximab vedotin 1.2 mg/kg* x _____ kg = _____ mg</b> (maximum dose 120 mg) <input type="checkbox"/> Dose Modification: <b>0.9 mg/kg*</b> x _____ kg = _____ mg IV in 50 to 100 mL NS over 30 minutes on <b>Day 1</b> and <b>Day 15</b> . Round dose to nearest whole mg. *NOTE: The dose for patients weighing greater than 100 kg should be calculated based on a weight of 100 kg.		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>  <b>UC:</b>

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DATE:

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

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

**If cardiac dysfunction:**

Omit **DOXOrubicin**.

Give **etoposide 25 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

☐ Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 to 500 mL (non-DEHP bag) NS over 45 minutes on **Day 1** and **Day 15** (use non-DEHP tubing with in-line filter),  
AND **etoposide 50 mg/m<sup>2</sup>** x BSA x ( \_\_\_\_\_ %) = \_\_\_\_\_ mg PO on **Days 2** and **3** and **Days 16** and **17**

(Round dose to nearest 50 mg).

**If Bilirubin greater than 85 micromol/L:**

Omit **DOXOrubicin**.

Give **cyclophosphamide 375 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

☐ Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 100 to 250 mL NS over 20 minutes to 1 hour on **Day 1** and **Day 15**

**RETURN APPOINTMENT ORDERS**

☐ Return in **four** weeks for Doctor and Cycle \_\_\_\_\_. Book chemo on Day 1 and 15

☐ Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff** prior to day 1 of each cycle of treatment

**PET Scan** between day 21 and 28 of Cycle 2

☐ **total bilirubin**

☐ **ALT**

☐ **creatinine**

☐ **HBV viral load every 3 months**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**