Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

**PROTOCOL CODE: LYBENDR**

<table>
<thead>
<tr>
<th>DOCTOR'S ORDERS</th>
<th>Ht_________cm  Wt_________kg  BSA__________m²</th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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Date of Previous Cycle:

- □ Delay treatment _____ week(s)
- □ CBC & Diff and platelets day 1 of treatment

Day 1: may proceed with doses as written, if within 96 hours **ANC greater than or equal to 1.0 \times 10^9/L** and **Platelets greater than or equal to 75 \times 10^9/L**

Dose modification for:
- □ Hematology
- □ Other Toxicity ________________________________

Proceed with treatment based on blood work from ________________________________

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm __________________________.

**DAY 1 and DAY 2:**

- Ondansetron 8 mg PO prior to treatment.
- Dexamethasone 8 mg or 12 mg PO (circle one) prior to treatment.
- □ Other

**TREATMENT:**

- Bendamustine 90 mg/m² x BSA = _____________ mg

- □ Dose Modification: ___________% = _____________ mg/m² x BSA = _____________ mg

IV in 250 to 500 mL NS over 1 hour on **Day 1 and Day 2.**

See page 2

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**
** Have Hypersensitivity Reaction Tray and Protocol Available**

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm ___________________________.

For intravenous rituximab infusion:
- diphenhydramine 50 mg PO prior to rituximab IV and then q 4 h if IV infusion exceeds 4 h
- acetaminophen 650 mg to 975 mg PO prior to rituximab IV and then q 4 h if IV infusion exceeds 4 h

For subcutaneous rituximab injection:
- diphenhydramine 50 mg PO prior to rituximab SC
- acetaminophen 650 mg to 975 mg PO prior to rituximab SC

☐ Other

TREATMENT: (continued)

TREATMENT #1:

rituximab (first dose) 375 mg/m² x BSA = __________ mg
- IV in 250 to 500 mL NS on Day 1 or 2 whenever possible, but not later than 72 hours after Day 1 of bendamustine. Start at 50 mg/h. After 1 hour, increase rate by 50 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs.
- For the 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:

☐ Patient tolerated a full dose of IV rituximab (no severe reactions requiring early termination) and can proceed to subcutaneous rituximab:

rituximab (subsequent dose) 1400 mg (fixed dose in 11.7 mL) subcutaneously into abdomen over 5 minutes on Day 1 or 2 whenever possible, but not later than 72 hours after Day 1 of bendamustine. Observe for 15 minutes after administration.

NB: During treatment with subcutaneous rituximab, administer other subcutaneous drugs at alternative injection sites whenever possible.

DOCTOR'S SIGNATURE:  

SIGNATURE:  

UC:
Date:

TREATMENT: (Continued)

☐ Patient did not tolerate a full dose of IV ritUXimab (experienced severe reactions requiring early termination) in the previous treatment and will continue with IV ritUXimab for this cycle:

ritUXimab (subsequent dose) 375 mg/m² x BSA = ___________ mg

IV in 250 to 500 mL NS on Day 1 or 2 whenever possible, but not later than 72 hours after Day 1 of bendamustine. Infuse 50 mL (or 100 mL of 500 mL bag) of the dose over 30 minutes, then infuse the remaining 200 mL (or 400 mL of 500 mL bag) over 1 hour. (total infusion time = 1 hour 30 min)

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.

RETURN APPOINTMENT ORDERS

☐ Return in four weeks for Doctor and Cycle ______. Book chemo on Day 1 and Day 2. Note: ritUXimab to be booked within 72 hours of bendamustine.

☐ Last Cycle. Return in ______ week(s).

CBC & Diff, platelets prior to Day 1 of each cycle

☐ If clinically indicated: ☐ creatinine ☐ ALT ☐ bilirubin

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: ____________________________

SIGNATURE: ____________________________

UC: