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: LYBRENTUX

**Have Hypersensitivity Reaction Tray and Protocol Available**

DOCTOR’S ORDERS

Wt ______kg

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

DATE: __________________________ To be given: __________________________ Cycle #: __________________________

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 0.6 x 10^9/L and Platelets greater than or equal to 50 x 10^9/L

Dose modification for: ☐ Hematology ☐ Other Toxicity __________________________
Proceed with treatment based on blood work from __________________________

PREMEDICATIONS: Not routinely necessary.
☐ Other

CHEMOTHERAPY:

brentuximab vedotin 1.8 mg/kg x weight (kg) = ____________ mg (maximum dose 180 mg)

☐ Dose Modification: ________% = ____________ mg/kg x weight (kg) = ____________ mg
IV in 100 mL NS over 30 minutes on Day 1.

NOTE: The dose for patients weighing greater than 100 kg should be calculated based on a weight of 100 kg.

RETURN APPOINTMENT ORDERS

☐ Return in three weeks for Doctor and Cycle ______. Book chemo on Day 1.
☐ 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: __________________________