

PROTOCOL CODE: LYBVAVDBV
**Cycles 3-8 (DOXOrubicin,
vinBLASStine, and dacarbazine)**

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DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE: _____	To be given: _____	Cycle #: _____
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment		
May proceed with Day 1 doses as written if within 96 hours ANC greater than or equal to 0.6 x 10⁹/L		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____		
Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm. dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment and select ONE of the following:		
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment ondansetron 8 mg PO 30 to 60 minutes prior to treatment	
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment	
If required after Cycle 1 due to prior infusion reaction:		
<input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide <input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to etoposide <input type="checkbox"/> Other: _____		
Have Hypersensitivity Reaction Tray and Protocol Available		
TREATMENT: Note: Patients should be on filgrastim as per protocol. RN to confirm. DOXOrubicin 25 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push on Day 1 and Day 15 vinBLASStine 6 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 50mL NS over 15 minutes on Day 1 and Day 15 dacarbazine 375 mg/m² x BSA = _____ mg IV in 250 to 500 mL NS over 1 to 2 hours on Day 1 and Day 15 If cardiac dysfunction: Omit DOXOrubicin . Give etoposide 25 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² 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/m² x BSA x (_____ %) = _____ mg PO on Days 2 and 3 and Days 16 and 17 (Round dose to nearest 50 mg) If total bilirubin greater than 85 micromol/L: Omit DOXOrubicin . Give cyclophosphamide 375 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour on Day 1 and Day 15		
DOCTOR'S SIGNATURE:		SIGNATURE: UC:

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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____ (for DOXOrubicin, vinBLAS ^t ine, and dacarbazine). Book chemo on Days 1 and 15 <input type="checkbox"/> Return in four weeks for Doctor and Cycle 9 (for brentuximab vedotin). Book chemo on Day 1 <input type="checkbox"/> Last Cycle. Return in _____ week(s)	
CBC & Diff prior to Day 1 of each cycle of treatment If clinically indicated: <input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> creatinine <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: