

PROTOCOL CODE: LYCHOPO Page 1 of 1
(Maintenance Cycles 7 to 18)

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 doses as written if within 96 hours ANC greater than or equal to $0.8 \times 10^9/L$ and platelets greater than or equal to $80 \times 10^9/L$ 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 of oral medication. RN/Pharmacist to confirm _____.		
PREMEDICATIONS FOR oBINutuzumab INFUSION: <input type="checkbox"/> If previous oBINutuzumab reaction was Grade 3, or if lymphocyte count greater than $25 \times 10^9/L$ before Day 1 of current cycle, then 60 minutes prior to infusion: dexamethasone 20 mg IV 30 minutes prior to infusion: acetaminophen 650 to 975 mg PO and diphenhydramine 50 mg PO <input type="checkbox"/> Other: _____		
** Have Hypersensitivity Reaction Tray and Protocol Available**		
TREATMENT: oBINutuzumab 1000 mg IV in 250 mL NS on Day 1 . If no infusion reaction or only Grade 1 infusion reaction only in the previous infusion and final infusion rate 100 mg/h or faster: Start at 100 mg/h . Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Cycle 7 to 17: Return in two months (calculate in months, not weeks) for Doctor and Cycle _____. Book treatment for Day 1 only. <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff prior to Day 1 of each cycle If clinically indicated: <input type="checkbox"/> creatinine <input type="checkbox"/> ALT <input type="checkbox"/> total bilirubin <input type="checkbox"/> HBV viral load <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE: UC: