PROTOCOL CODE: LYCHPBV

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:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff** day of treatment
- May proceed with doses as written if within 96 hours **ANC** greater than or equal to **0.8 x 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 _____.
dexamethasone 8 mg or **12 mg** (circle one) PO 30 to 60 minutes prior to treatment
and **select** ONE of the following:

☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to treatment
☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to treatment **ondansetron 8 mg** PO 30 to 60 minutes prior to treatment
☐	**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:
☐ **diphenhydrAMINE 50 mg** PO 30 minutes prior to brentuximab vedotin
☐ **acetaminophen 650 mg to 975 mg** PO 30 minutes prior to brentuximab vedotin
☐ **hydrocortisone 100 mg** IV prior to etoposide
☐ **diphenhydrAMINE 50 mg** IV prior to etoposide
☐ **Other:**

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

CHEMOTHERAPY: Note: Patients should be on filgrastim as per protocol. RN to confirm
predniSONE 45 mg/m^2 x BSA **=** _____mg PO daily in the morning on Days 1 to 5
(Round dose to nearest 25 mg)

DOXOrubicin 50 mg/m^2 x BSA = _____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV push on Day 1

cyclophosphamide 750 mg/m^2 x BSA =_____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 100 to 250mL NS over 20 minutes to 1 hour on Day 1

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.

<u>If cardiac dysfunction</u>:
Omit **DOXOrubicin**.
Give **etoposide 50 mg/m^2** x BSA =_____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 250 to 500 mL (non-DEHP bag) NS over 45 minutes on Day 1 (use non-DEHP tubing with in-line filter), AND
etoposide 100 mg/m^2 x BSA x (_____ %) = _____mg PO on Days 2 and 3. (Round dose to nearest 50 mg).

<u>If Bilirubin greater than 85 micromol/L</u>:
Omit **DOXOrubicin**.
Change **cyclophosphamide** to **1100 mg/m^2** x BSA = _____mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 100 to 250 mL NS over 20 minutes to 1 hour on Day 1

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

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DATE:

RETURN APPOINTMENT ORDERS

- ☐ Return in **three** weeks for Doctor and Cycle _____
- ☐ Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day ___
- ☐ Last Cycle. Return in _____ week(s).

CBC & Diff prior to each cycle

If clinically indicated:

- ☐ **creatinine**
- ☐ **total bilirubin**
- ☐ **ALT**
- ☐ **LDH**
- ☐ **HBV viral load**
- ☐ **Other tests:**
- ☐ **Consults:**
- ☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: