**PROTOCOL CODE: LYCLLBENDR**

<table>
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<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht________cm  Wt________kg  BSA________m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

- 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 x 10⁹/L** and **Platelets greater than or equal to 75 x 10⁹/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 ____________________________.

- ondansetron 8 mg PO prior to **bendamustine** on Day 1 and Day 2
- dexamethasone 8 mg or 12 mg (circle one) PO prior to **bendamustine** on Day 1 and Day 2

**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**

**TREATMENT: Cycle 1 ONLY**

- **bendamustine 70 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**.

- **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/hour. After 1 hour, increase rate by 50 mg/hour every 30 minutes until rate = 400 mg/hour 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.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

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

**TREATMENT:** Cycles 2, 3, 4, 5 and 6

bendamustine 70 mg/m$^2$ x BSA = __________ mg

☐ Dose Modification: ________% = __________ mg/m$^2$ x BSA = __________ mg

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

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

riTUXimab 1600 mg (fixed dose in 13.4 mL) subcutaneously into abdomen over 7 minutes. Observe for 15 minutes after administration.

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

☐ 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 500 mg/m$^2$ 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. 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:**