DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht (cm)</th>
<th>Wt (kg)</th>
<th>BSA (m²)</th>
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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 of treatment

May proceed with doses as written if within 96 hours ANC greater than or equal to $1.2 \times 10^9$/L, Platelets greater than or equal to $100 \times 10^9$/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 ___________________________.

- ondansetron 8 mg PO prior to treatment
- dexamethasone 8 mg or 12 mg (circle one) PO prior to treatment
- ☐ Other:

CHEMOTHERAPY:

- predniSONE 100 mg PO daily in AM with food on days 1 to 5.

- vinCRIStine $1.4 \text{mg/m}^2 \times \text{BSA} = \underline{\text{mg}}$
  - ☐ Dose Modification: ______% = ______ mg/m² \times \text{BSA} = \underline{\text{mg}}
  - IV in 50 mL NS over 15 mins.

- cyclophosphamide $1000 \text{mg/m}^2 \times \text{BSA} = \underline{\text{mg}}$
  - IV in 100 to 250 mL NS over 20 minutes to 1 hour.

RITUXIMAB WITHIN 72 HOURS OF CVP

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm ___________________________.

- 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
  - predniSONE as ordered for the LYCLLCVPR protocol

- For subcutaneous riTUXimab injection:
  - diphenhydrAMINE 50 mg PO prior to riTUXimab SC
  - acetaminophen 650 mg to 975 mg PO prior to riTUXimab SC
  - predniSONE as ordered for the LYCLLCVPR protocol

DOCTOR’S SIGNATURE: SIGNATURE:

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

**TREATMENT: (continued) CYCLE 1 ONLY:**

riTUXimab (first dose) $375 \text{ mg/m}^2 \times \text{BSA} = \underline{\underline{\text{mg}}}$

IV in 250 to 500 mL NS within 72 hours after day 1 of CVP.

Pharmacy to select riTUXimab IV brand as per Provincial Systemic Therapy Policy III-190

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand (Pharmacist to complete. Please print.)</th>
<th>Pharmacist Initial and Date</th>
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<tbody>
<tr>
<td>riTUXimab</td>
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Start at 50 mg/hour. After 1 hour, increase rate by 50 mg/hr every 30 minutes until rate = 400 mg/h 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.

**riTUXimab for subsequent treatments on CYCLES 2 to 8:**

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

riTUXimab (RITUXAN SC) $1600 \text{ mg (fixed dose in 13.4 mL) subcutaneously}$ 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

OR

☐ 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 $500 \text{ mg/m}^2 \times \text{BSA} = \underline{\underline{\text{mg}}}$

IV in 250 to 500 mL NS on day 1.

Pharmacy to select riTUXimab IV brand as per Provincial Systemic Therapy Policy III-190

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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.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**
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<thead>
<tr>
<th>Date:</th>
<th>RETURN APPOINTMENT ORDERS</th>
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<tbody>
<tr>
<td></td>
<td>□ Return in <strong>three</strong> or <strong>four</strong> weeks (circle one) for Doctor and Cycle ________</td>
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<td></td>
<td>□ Last Cycle. Return in ______ week(s).</td>
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<tr>
<th>CBC &amp; Diff, platelets prior to each cycle</th>
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<tbody>
<tr>
<td>□ Other tests:</td>
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<tr>
<td>□ Consults:</td>
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<tr>
<td>□ See general orders sheet for additional requests.</td>
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