DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>Wt</th>
<th>BSA</th>
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<tr>
<td>cm</td>
<td>kg</td>
<td>m²</td>
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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 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 ___________________________.

- ** HAVE HYPERSensitivity Reaction Tray and Protocol Available**

** TREATMENT: Cycle 1 ONLY **

bendamustine 90 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.

Continued on page 2
** Have Hypersensitivity Reaction Tray and Protocol Available**

**TREATMENT: (Cycle 1 continued)**

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.

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

<table>
<thead>
<tr>
<th>Drug</th>
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<th>Pharmacist Initial and Date</th>
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<td>riTUXimab</td>
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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.

**Cycle 2, 3, 4, 5 and 6**

bendamustine 90 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 for Cycle 2 and subsequent treatments:

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

riTUXimab (RITUXAN SC) 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.

Continued on Page 3
** Have Hypersensitivity Reaction Tray and Protocol Available**

**TREATMENT: (Cycle 2, 3, 4, 5 and 6 continued)**

- 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:
  
  \[ \text{riTUXimab } 500 \text{ mg/m}^2 \times \text{BSA} = \_\_\_\_\_\_\_\_\_mg \]

  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.

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.

**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:**