

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at <a href="https://www.bccancer.bc.ca">www.bccancer.bc.ca</a> and according to acceptable standards of care.

PROTOCOL CODE: LYCTCLBV

DOCTOR'S ORDERS	W	/t	kg
REMINDER: Please ensure drug allergies and previous bleomycin are document	ted on the A	Allergy & A	lert Form
	ycle #:		
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 <b>ANC greater than or equal to 0.6 x 10</b> 9/L and <b>Platelets</b> greater than or equal to 50 x 109/L			
Dose modification for:			
PREMEDICATIONS: Not routinely necessary.			
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			
☐ Other			
** Have Hypersensitivity Reaction Tray and Protocol Available**			
CHEMOTHERAPY:			
brentuximab vedotin 1.8 mg/kg x weight (kg) = mg (maximum dose 180 mg)			
☐ Dose Modification:% = mg/kg x weight (kg) = IV in 100 mL NS over 30 minutes on <b>Day 1</b> .		_ mg	
NOTE: The dose for patients weighing greater than 100 kg should be calculated based	l on a weigh	t of 100 kg.	
RETURN APPOINTMENT ORDERS			
Return in <u>three</u> weeks for Doctor and Cycle Book chemo on Day 1.			
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	SIGNATUR	RE	
	UC:		