

PROTOCOL CODE: LYCVPO Page 1 of 1
(Induction Cycles 2 to 6)

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: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment		
May proceed with doses as written if within 96 hours ANC greater than or equal to 0.8 x 10⁹/L and platelets greater than or equal to 80 x 10⁹/L		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____		
Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Patient to take own supply of oral medications. RN/Pharmacist to confirm _____. PREMEDICATIONS FOR vinCRistine and cyclophosphamide: ondansetron 8 mg PO prior to treatment. dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment. If dexamethasone IV has been given the same day for the oBINutuzumab premedication, then omit dexamethasone PO.		
PREMEDICATIONS FOR oBINutuzumab INFUSION: <input type="checkbox"/> If previous oBINutuzumab reaction was Grade 3, or if lymphocyte count greater than 25 x 10 ⁹ /L before Day 1 of current cycle, then 60 minutes prior to infusion: dexamethasone 20 mg IV 30 minutes prior to infusion: acetaminophen 650 to 975 mg PO and diphenhydramine 50 mg PO <input type="checkbox"/> Other: _____		
** Have Hypersensitivity Reaction Tray and Protocol Available**		
TREATMENT: Days 1 to 5: prednisone 100 mg PO daily in AM on Days 1 to 5. Day 1: vinCRistine 1.4 mg/m ² x BSA = _____ mg on Day 1. <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 50 mL NS over 15 mins. cyclophosphamide 1000 mg/m ² x BSA = _____ mg on Day 1. <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour. oBINutuzumab 1000 mg IV in 250 mL NS on Day 1. If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start at 100 mg/h. Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.		
RETURN APPOINTMENT ORDERS		
Return in three weeks for Doctor and Cycle _____. Book treatment for Day 1 only.		
<input type="checkbox"/> Cycle 6: Return in two months (calculate in months, not weeks) for Doctor and Cycle 7. Book treatment Day 1 only.		
CBC & Diff prior to Day 1 of each cycle If clinically indicated: <input type="checkbox"/> creatinine <input type="checkbox"/> ALT <input type="checkbox"/> total bilirubin <input type="checkbox"/> HBV viral load <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests. <input type="checkbox"/> Other tests: _____		
DOCTOR'S SIGNATURE:		SIGNATURE: UC: