**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht</th>
<th>Wt</th>
<th>BSA</th>
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

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<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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☐ Delay treatment _____ week(s)
☐ CBC & Diff, Platelets, Creatinine 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** \( 100 \times 10^9/L \), Creatinine within normal limits

Note: If the patient has a serum creatinine above normal and for all patients above the age of 60 years, calculated creatinine clearance is required prior to first cycle of fludarabine, but is only required in subsequent cycles if the serum creatinine is above the normal range.

Note: If the fludarabine dose was initially reduced, and is well tolerated, the dose may be increased in subsequent cycles regardless of renal function.

Dose modification for: ☐ Hematology ☐ Other Toxicity

Proceed with treatment based on blood work from

<table>
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<th>TREATMENT:</th>
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**Standard Dose:**

Oral fludarabine **40 mg/m²/day** x BSA = __________ mg PO daily for **5 consecutive days**.

Round dose to nearest 10 mg. Do not break, chew or crush tablets. (Note: PO fludarabine and riTUXimab to start on the same day.)

**OR**

**Dose Modification Required:**

Oral fludarabine **32 mg/m²/day** x BSA = __________ mg PO daily for **3 consecutive days**.

Round dose to nearest 10 mg. Do not chew, break or crush tablets. (Note: PO fludarabine and riTUXimab to start on the same day)

**OR**

**Standard Dose:**

**IV fludarabine 25 mg/m²/day** x BSA = __________ mg

IV in 50 to 100 mL NS over 30 minutes daily for **5 days**. (Note: riTUXimab to be given within 72 hours of IV fludarabine)

**OR**

**Dose Modification Required:**

**IV fludarabine 20 mg/m²/day** x BSA = __________ mg

IV in 50 to 100 mL NS over 30 minutes daily for **3 days**. (Note: riTUXimab to be given within 72 hours of IV fludarabine)

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**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
**DOCTOR’S ORDERS**

**Date:**

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

**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

**For subcutaneous rituximab injection:**
diphenhydramine 50 mg PO prior to rituximab SC
acetaminophen 650 mg to 975 mg PO prior to rituximab SC

☐ Other

**TREATMENT:** (continued)

rituximab IV or SC may be given before or after chemotherapy, but within 72 hours after Day 1 of fludarabine

**TREATMENT #1:**

rituximab (first dose) 375 mg/m² x BSA = __________ mg

IV in 250 to 500 mL NS within 72 hours after Day 1 of fludarabine. Start at 50 mg/h. After 1 hour, increase rate by 50 mg/h 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.

**FOR ALL SUBSEQUENT TREATMENTS:**

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

rituximab (subsequent dose) 1400 mg (fixed dose in 11.7 mL) subcutaneously into abdomen over 5 minutes within 72 hours after Day 1 of fludarabine. Observe for 15 minutes after administration.

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

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Date: **

**Have Hypersensitivity Reaction Tray and Protocol Available**

**TREATMENT: (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:

ritUXimab (subsequent dose) 375 mg/m² x BSA = ___________ mg

IV in 250 to 500 mL NS within 72 hours after Day 1 of fludarabine. 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.

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.

For all subsequent doses, constant visual observation is not required.

**RETURN APPOINTMENT ORDERS**

☐ Return in four weeks for Doctor and Cycle __________.

☐ For PO fludarabine, book chemo for ritUXimab treatment only.

☐ For IV fludarabine, book chemo x 5 days OR 3 days (circle one). Match to dose duration above) Note ritUXimab to be booked within 72 hours of IV Fludarabine.

☐ Last Cycle. Return in _______ week(s).

CBC & Diff, Platelets, Creatinine prior to each cycle

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

SIGNATURE:

UC: