PROTOCOL CODE: LYGDPR

DOCTOR'S ORDERS

Ht_____**cm** **Wt**_____**kg** **BSA**_____**m²**

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: **To be given:** **Cycle #:**_____**of**_____

Date of Previous Cycle:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff** Day 1 of treatment

Day 1: may proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 75 x 10^9/L, creatinine clearance greater than or equal to 60 mL/minute (if using CISplatin).**

Day 8: May proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 75 x 10^9/L,**

For split dose CISplatin only:
Day 1: may proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 75 x 10^9/L, creatinine clearance greater than or equal to 45 mL/minute.**
Day 8: may proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 75 x 10^9/L creatinine clearance greater than or equal to 45 mL/minute.**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____
Proceed with treatment based on blood work from _____

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

DAY 1 (and DAY 8 if split dose CISplatin being given)
dexamethasone ☐ **8 mg** or ☐ **12 mg** PO (select one) 30 to 60 minutes prior to treatment on ☐ Day 1 (and ☐ Day 8)

AND select **ONE** of the following:	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to treatment, and **ondansetron 8 mg** PO 30 to 60 minutes prior to treatment
	☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to treatment
	☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to treatment

If additional antiemetic required:
☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to treatment

DAY 8 (unless split dose CISplatin being given)
prochlorperazine 10 mg PO prior to treatment
☐ **Other**

PRE-HYDRATION: 1000 mL NS IV over 1 hour prior to CISplatin on Day 1 (and Day 8 if split dose CISplatin given)

CHEMOTHERAPY:

dexamethasone 40 mg PO daily in AM on **Days 1 to 4**

gemcitabine 1000 mg/m² x BSA = _____mg
☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg
IV in 250 mL NS over 30 minutes on **Day 1 and 8.**

CISplatin 75 mg/m² x BSA =_____mg
☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg
IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 1 only.**

OR (only split CISplatin day 1 & 8 if creatinine clearance on day 1 less than 60 mL/minute)
CISplatin 37.5 mg/m² x BSA =_____mg
☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg
IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 1 and 8**.

OR
CARBOplatin AUC 5 x (GFR + 25) = _____ mg (maximum 800 mg)
☐ Dose Modification: _____% = _____ mg
IV in 100 to 250 mL NS over 30 minutes on **Day 1 only**

DOCTOR'S SIGNATURE: **SIGNATURE:** **UC:**

Date:

DOSE MODIFICATION IF REQUIRED ON DAY 8:

gemcitabine 1000 mg/m² x BSA = _____mg

☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg

IV in 250 mL NS over 30 minutes on **Day 8.**

CISplatin 37.5 mg/m² x BSA =_____mg

☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg

IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 8**.

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 subcutaneous**

acetaminophen 650 mg to 975 mg PO prior to **riTUXimab subcutaneous**

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

TREATMENT:

riTUXimab IV or subcutaneous may be given before or after chemotherapy, but within 72 hours after day 1 of gemcitabine/CISplatin

riTUXimab (first dose) 375 mg/m² x BSA = _____ mg

IV in 250 to 500 mL NS within 72 hours after day 1 of Gemcitabine/CISplatin.

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

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
riTUXimab		

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.

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

Date:

TREATMENT: (Continued)

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 subcut (RITUXAN SC) 1400 mg (fixed dose in 11.7 mL) subcutaneously into abdomen over 5 minutes.
Observe for 15 minutes after administration.

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

☐ 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 375 mg/m^2 x BSA = _____ mg
IV in 250 to 500 mL NS within 72 hours after day 1 of gemcitabine/CISplatin. 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.

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

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
riTUXimab		

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 **three** weeks for Doctor and Cycle _____. Book chemo on Day 1 and Day 8. riTUXimab to be booked within 72 hours after Day 1.

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

CBC & Diff, creatinine prior to each cycle
CBC & Diff on Day 8
creatinine on Day 8 if split dose CISplatin ordered
If clinically indicated:
☐ **ALT**
☐ **HBV viral load** every 3 months
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: