**DOCTOR’S ORDERS**

<table>
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<tr>
<th>Ht (cm)</th>
<th>Wt (kg)</th>
<th>BSA (m²)</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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**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 48 hours **ANC greater than or equal to 1.0 x 10⁹/L**, Platelets greater than or equal to **50 x 10⁹/L**, creatinine clearance greater than or equal to **60 mL/min**

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 10⁹/L**, platelets greater than or equal to **50 x 10⁹/L**, creatinine clearance greater than or equal to **45 mL/min**

Day 8: may proceed with doses as written, if within 48 hours creatinine clearance greater than or equal to **45 mL/min**

**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):**

- Ondansetron 8 mg PO prior to treatment
- Dexamethasone 8 mg or 12 mg PO (circle one) prior to treatment
- Aprepitant 125 mg PO 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 60 minutes – Day 1 (and Day 8 if Split Dose CISplatin given).

**CHEMOTHERAPY:**

- Dexamethasone 40 mg PO daily in AM with food on Days 1 to 4

- Gemcitabine 1000 mg/m² x BSA = ___________ mg
  IV in 250 mL NS over 30 minutes on **Day 1 and Day 8**.

- CISplatin 75 mg/m² x BSA = ___________ mg
  - Dose Modification: ______% = ___________ mg/m² x BSA = ___________ mg
  - IV with 20 mEq potassium chloride, 1g magnesium sulphate, 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/min)

- CISplatin 37.5 mg/m² x BSA = ___________ mg
  - Dose Modification: ______% = ___________ mg/m² x BSA = ___________ mg
  - IV with 20 mEq potassium chloride, 1g magnesium sulphate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 1 and Day 8**.

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**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
**Date:**  

**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

**TREATMENT:**
riTUXimab IV or SC 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.

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.

**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.  
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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**UC:**
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<th>TREATMENT: (Continued)</th>
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- □ 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 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.

  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.

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**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, platelets, Creatinine** prior to each cycle

**Creatinine** on Day 8 if Split Dose CISplatin ordered

□ Other tests:

□ Consulates:

□ See general orders sheet for additional requests.

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**SIGNATURE:**

**UC:**