

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 #:

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 **ANC greater than or equal to $1.2 \times 10^9/L$** and **Platelets greater than or equal to $80 \times 10^9/L$**

Proceed with treatment based on blood work from _____

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

PREMEDICATIONS FOR OBINUTUZUMAB INFUSION:

Cycle 1: Day 1

60 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:

dexamethasone 20 mg IV in 50 mL NS over 15 minutes

30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:

acetaminophen 650 mg or 975 mg PO (**select one**)

diphenhydrAMINE 50 mg PO

All subsequent infusions:

30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:

acetaminophen 650 mg or 975 mg PO (**select one**)

diphenhydrAMINE 50 mg PO

If previous reaction was grade 3, or if lymphocyte count greater than $25 \times 10^9/L$ before treatment, add

dexamethasone 20 mg IV in 50 mL NS over 15 minutes, to be given at **60 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours**

PREMEDICATIONS FOR BENDAMUSTINE INFUSION:

CYCLE 1 to 6: DAY 1 and DAY 2

ondansetron 8 mg PO prior to treatment.

dexamethasone 8 mg or 12 mg PO (**select one**) prior to treatment. If dexamethasone has been given the same day for the **oBINutuzumab** premedication i.e., Cycle 1 Day 1, then omit.

Other:

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

Date:

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

PREMEDICATIONS FOR OBINUTUZUMAB MONOTHERAPY

Cycle 7 to 18: Day 1 (monotherapy with oBINutuzumab)

30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:

acetaminophen 650 mg or 975 mg PO (select one)

diphenhydrAMINE 50 mg PO

TREATMENT:

INDUCTION PHASE: Cycle 1 to 6

Cycle 1:

Day 1:

oBINutuzumab 1000 mg IV in 250 mL NS. Start infusion at **50 mg/h**; after 30 minutes, increase by 50 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs.

Vital signs prior to start of infusion and at every increment of infusion rate and for 2 hours post infusion

Refer to protocol for resuming infusion following a reaction

Days 1 and 2:

bendamustine 90 mg/m² x BSA = _____ mg

IV in 250 to 500 mL NS over 1 hour. (Day 1 treatment to be administered after obinutuzumab infusion)

Day 8 and 15:

oBINutuzumab 1000 mg IV in 250 mL NS. If no infusion reaction or only grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start infusion at **100 mg/h** for 30 minutes; if tolerated, may escalate rate in increments of 100 mg/h every 30 minutes until rate = 400 mg/h.

Vital signs prior to start of infusion and at every increment of infusion rate and for 30 minutes post infusion

Refer to protocol for resuming infusion following a reaction

Cycles 2 to 6:

Day 1:

oBINutuzumab 1000 mg IV in 250 mL NS. 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.

Vital signs prior to start of infusion and at every increment of infusion rate and for 30 minutes post infusion

Refer to protocol for resuming infusion following a reaction

Days 1 and 2:

bendamustine 90 mg/m² x BSA = _____ mg

IV in 250 to 500 mL NS over 1 hour. (Day 1 treatment to be administered after obinutuzumab infusion)

See page 3

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

Date:

TREATMENT: (Continued)

MAINTENANCE PHASE

Cycle 7 to 18: Day 1

oBINutuzumab 1000 mg IV in 250 mL NS on **Day 1**. If no infusion reaction or only grade 1 infusion reaction only 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.

Vital signs prior to start of infusion and at every increment of infusion rate and for 30 minutes post infusion
Refer to protocol for resuming infusion following a reaction

RETURN APPOINTMENT ORDERS

Cycle 1: Return in **four** weeks for Doctor and Cycle _____. Book chemo on days 1, 2, 8 and 15.

Cycle 2 to 6: Return in **four** weeks for Doctor and Cycle _____. Book chemo on days 1 and 2.

Cycle 7 to 18: Return in **eight** 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:

SIGNATURE:

UC: