Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

**PROTOCOL CODE: LYRMTN**

**DOCTOR’S ORDERS**

<table>
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<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.

**DATE:**

☐ Delay treatment ____ week(s)
☐ CBC & Diff and Platelets day of treatment

May proceed with doses as written if within 1 week **ANC greater than or equal to** $1.2 \times 10^9 /L$, **Platelets greater than or equal to** $75 \times 10^9 /L$

☐ Proceed with treatment based on blood work from ______

**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
- predniSONE 50 mg PO prior to riTUXimab PRN

For subcutaneous riTUXimab injection:
- diphenhydramINE 50 mg PO prior to riTUXimab SC
- acetaminophen 650 mg to 975 mg PO prior to riTUXimab SC
- predniSONE 50 mg PO prior to riTUXimab PRN

**TREATMENT:**

☐ Patient on IV riTUXimab during active treatment:

riTUXimab $375 \text{ mg/m}^2 \times \text{BSA} = \underline{________} \text{ mg}$

IV in 250 to 500 mL NS over 1 hour 30 minutes. 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.

For maintenance dose # 1, patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. For all subsequent maintenance doses (# 2-8), constant visual observation is not required. Vital signs are not required unless symptomatic.

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.

Patient may leave if stable when infusion completed.

☐ Patient on subcutaneous riTUXimab during active treatment:

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.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

BC Cancer Provincial Preprinted Order LYRMTN
Created: March 1st, 2006 Rev: 1 May 2019
PROTOCOL CODE: LYRMTN

### RETURN APPOINTMENT ORDERS

- [ ] Return in **three** months (calculate in months, not weeks) for Doctor and next dose of maintenance ritUXimab.
- [ ] Last dose. Return in _______ months

- **CBC & Diff, platelets** prior to each treatment.

- [ ] Other tests:

- [ ] Consults:

- [ ] See general orders sheet for additional requests.

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