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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: LYSILTUX

<table>
<thead>
<tr>
<th>DOCTOR'S ORDERS</th>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
</tr>
</thead>
</table>

Date of Previous Cycle:

- [ ] Delay treatment _________ week(s)
- [ ] CBC & Diff, Platelets, Hemoglobin day of treatment

Proceed with treatment based on blood work from ________________

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

diphenhydramINE 50 mg PO prior to treatment.

acetaminophen 650 to 975 mg PO prior to treatment

- [ ] Other:

**Have Hypersensitivity Tray and Protocol Available**

TREATMENT:

siltuximab 11 mg/kg x ________ kg = __________ mg IV in 250 mL D5W over 1 hour. Administer using a 0.2 micron in-line filter.

RETURN APPOINTMENT ORDERS

- [ ] Return in _________ week(s) for Doctor. Book chemo every 3 weeks
- [ ] Return in _________ week(s) for Doctor. Book chemo every _____ weeks
- [ ] Treatment finished. Return in _________ week (s).

Cycle 1 to 4:
CBC and Diff, Platelets, Hemoglobin prior to treatment

Cycle 5 and subsequent cycles:
CBC and Diff, Platelets, Hemoglobin prior to alternate cycles i.e., even numbered cycles

- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: ___________________________ SIGNATURE: ___________________________

UC: ___________________________