**PROTOCOL CODE: ULYAJBV**

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment.

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Wt</th>
<th>kg</th>
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**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 0.6 x 10^9/L** and **Platelets greater than or equal to 50 x 10^9/L**

**Dose modification for:**
- Hematology
- Other Toxicity

Proceed with treatment based on blood work from

**PREMEDICATIONS:** Not routinely necessary.

- Other

**CHEMOTHERAPY:**

- brentuximab vedotin 1.8 mg/kg x weight (kg) = _________ mg (maximum dose 180 mg)

**Dose Modification:**

- _________% = _________ mg/kg x weight (kg) = _________ mg
  - IV in 100 mL NS over 30 minutes on **Day 1**.

**NOTE:** The dose for patients weighing greater than 100 kg should be calculated based on a weight of 100 kg.

**RETURN APPOINTMENT ORDERS**

- Return in **three** 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 □ AST □ ALT □ bilirubin

**Other tests:**

□ Consults:

□ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE**

**SIGNATURE**

**UC:**

BC Cancer Provincial Preprinted Order ULYAJBV

Created: 1 Feb 2017  Revised: 1 Aug 2018