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

**DOCTOR’S ORDERS**

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<th>Wt</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

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<th>To be given:</th>
<th>Cycle #:</th>
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**Date of Previous Cycle:**

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

May proceed with doses as written if within 96 hours **Day 1 ANC greater than or equal to 1.2 x 10⁹/L, Platelets greater than or equal to 80 x 10⁹/L**

Dose modification for: [ ] Hematology [ ] Other Toxicity

**TREATMENT:**

- [ ] Cycle 1 to Cycle 6:
  - chlorambucil 0.5 mg/kg or ________ mg/kg = _______ mg PO for one dose on Day 1 and Day 15
  - Do NOT exceed 0.8 mg/kg every 2 weeks. Round dose to the nearest 2 mg. Administer on an empty stomach.

**PREMEDICATIONS FOR OBINUTUZUMAB INFUSION:**

Patient to take own acetaminophen and diphenhydramINE supply. RN/Pharmacist to confirm_________.

- [ ] Cycle 1: Day 1 and Day 2
  - 60 minutes prior to infusion:
    - dexamethasone 20 mg IV in 50 mL NS over 15 minutes
  - 30 minutes prior to infusion:
    - acetaminophen 650 mg or [ ] 975 mg PO
    - diphenhydramINE 50 mg PO

- [ ] Cycle 1: Day 8 and Day 15
  - 30 minutes prior to infusion:
    - acetaminophen 650 mg or [ ] 975 mg PO
    - diphenhydramINE 50 mg PO

If previous reaction was grade 3, or if lymphocyte count greater than 25 x 10⁹/L before treatment, add dexamethasone 20 mg IV in 50 mL NS over 15 minutes, to be given at 60 minutes prior to infusion.

- [ ] Cycles 2 to 6:
  - 30 minutes prior to infusion:
    - acetaminophen 650 mg or [ ] 975 mg PO
    - diphenhydramINE 50 mg PO

If previous reaction was grade 3, or if lymphocyte count greater than 25 x 10⁹/L before treatment, add dexamethasone 20 mg IV in 50 mL NS over 15 minutes, to be given at 60 minutes prior to infusion.

(Continued on Page 2)

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Provincial Preprinted Order ULYOBCHLOR
Created: 3 May, 2016 Revised: 1 Sept 2019 (acetaminophen 650mg pre-med default)
**Have Hypersensitivity Reaction Tray and Protocol Available**

- **Cycle 1: Day 1**
  - obINutuzumab 100 mg IV in 100 mL NS. Administer over 4 hours at 25 mg/h

- **Cycle 1: Day 2**
  - obINutuzumab 900 mg IV in 250 mL NS. Start at 50 mg/h. Increase by 50 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs.

- **Cycle 1: Day 8 and Day 15**
  - obINutuzumab 1000 mg IV in 250 mL NS. Start at 100 mg/h. Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs.

  For Cycle 1: (Day 1, Day 2, Day 8 and Day 15), vital signs prior to start of infusion and at every increment of infusion rate and as clinically indicated post infusion.

  Refer to protocol for resuming infusion following a reaction

  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.

- **Cycle 2 to Cycle 6: Day 1 only**
  - obINutuzumab 1000 mg IV in 250 mL NS. Start at 100 mg/h. Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs.

  For Cycle 2 to Cycle 6: Vitals signs prior to start of infusion, and as clinically indicated during and post infusion

  Refer to protocol for resuming infusion following a reaction

  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.

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**RETURN APPOINTMENT ORDERS**

For Cycle 1, book chemo on Day 1, Day 2, Day 8 and Day 15.

- Return in **four** weeks for Doctor and Cycle ________.
- Last Cycle. Return in ______ week(s)

**CBC & Diff, Platelets** prior to each cycle

- If clinically indicated:  
  - Phosphate
  - Potassium
  - Calcium
  - Uric acid

**Other tests:**
- Consults:
- See general orders sheet for additional requests

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**