A BCCA “Compassionate Access Program” request form must be completed and approved prior to treatment.

**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</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, Platelets day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to 0.8 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L, Creatinine Clearance greater than 60 mL/min**

Dose modification for: [ ] Hematology [ ] Other Toxicity ____________________________

Proceed with treatment based on blood work from ____________________________

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

- **Ondansetron** 8 mg PO pre-chemotherapy daily
- **Dexamethasone** 12 mg PO pre-chemotherapy daily
- [ ] **Hydrocortisone** 100 mg IV prior to etoposide
- [ ] **Diphenhydramine** 50 mg IV prior to etoposide
- [ ] Other: ____________________________

Instruct patient to dipstick urine for blood prior to chemo – daily and with each void at home. Patient to call physician immediately if positive for blood. Patient to call physician immediately if they become drowsy. Chemo Room RN to ensure patient has been taught to do urine dipstick for blood. Chemo Room RN to ensure patient has tested urine for blood prior to each dose.

**CHEMOTHERAPY:**

- **Ifosfamide** 1667 mg/m² × BSA = __________ mg with **mesna** 1667 mg/m² × BSA = __________ mg
  - IV in 1000 mL D5W over 2 hours daily on **day 1,2,3** (total dose per cycle for each drug = 5000 mg/m²)

- **Mesna** 2000 mg PO 2h and 4h after completion of Ifosfamide on **day 1,2,3**

- **Carboplatin** AUC 5 x (Creatinine clearance + 25) = __________ mg
  - IV in 250 mL NS over 1 hour on **day 1 ONLY**. (Maximum dose = 800 mg)

- **Etoposide** 100 mg/m²/day × BSA = __________ mg
  - IV in 500 mL (non-DEHP bag) NS over 45 minutes daily on **day 1,2,3** (use non-DEHP tubing with in-line filter)
  - (total dose per cycle = 300 mg/m²)

**EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE TOXICITY:**

- Hydrocortisone 100 mg IV prn / Diphenhydramine 50 mg IV prn

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
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: ULYRICE

Date:

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

For subcutaneous riTUXimab injection:
diphenhydrAMINE 50 mg PO prior to riTUXimab SC
acetaminophen 650 mg to 975 mg PO prior to riTUXimab SC

**Have Hypersensitivity Reaction Tray and Protocol Available**

riTUXimab (first dose) 375 mg/m² x BSA = ___________ mg

IV in 250 to 500 mL NS within 72 hours of day 1 of ICE.

TREATMENT #1:
Start at 50 mg/h. After 1 hour, increase rate by 50 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs.
For the first dose, patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. Vital signs are not required, unless symptomatic.
If flushing, dyspnea, rigors, rash, new pruritus, vomiting, chest pain or any other new acute discomfort occurs, stop infusion and page physician.

FOR ALL SUBSEQUENT TREATMENTS:
☐ Patient tolerated a full dose of IV riTUXimab (no severe reactions requiring early termination) and can proceed to subcutaneous riTUXimab:

riTUXimab (subsequent dose) 1400 mg (fixed dose in 11.7 mL) subcutaneously into abdomen over 5 minutes within 72 hours of day 1 of ICE. 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 ULYRICE
Created: 4 Apr 2005 Revised: 1 May 2019
Date: 

**TREATMENT: (Continued)**

☐ Patient did not tolerate a full dose of IV riTUXimab (experienced severe reactions requiring early termination) in the previous treatment and will continue with IV riTUXimab for this cycle:

**riTUXimab (subsequent dose) 375 mg/m^2 x BSA = ___________ mg**

IV in 250 to 500 mL NS within 72 hours of day 1 of ICE.

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.

If flushing, dyspnea, rigors, rash, new pruritus, vomiting, chest pain or any other new acute discomfort occurs, stop infusion and page physician.

For all subsequent doses, constant visual observation is not required.

**RETURN APPOINTMENT ORDERS**

☐ Return in **three** weeks for Doctor and Cycle _________ Book chemo x 3 days

☐ Last Cycle. Return in ______ week(s).

**CBC & Diff, Platelets, Total Bilirubin, Creatinine, LDH** prior to each cycle

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**