

PROTOCOL CODE: LYCHPBV

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment <ul style="list-style-type: none"> • May proceed with doses as written if within 96 hours ANC greater than or equal to 0.8 x 10⁹/L 				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment				
and select ONE of the following:				
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment			
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment ondansetron 8 mg PO 30 to 60 minutes prior to treatment			
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment			
If required after Cycle 1 due to prior infusion reaction:				
<input type="checkbox"/> diphenhydrAMINE 50 mg PO 30 minutes prior to brentuximab vedotin				
<input type="checkbox"/> acetaminophen 650 mg to 975 mg PO 30 minutes prior to brentuximab vedotin				
<input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide				
<input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to etoposide				
<input type="checkbox"/> Other:				
Have Hypersensitivity Reaction Tray and Protocol Available				
CHEMOTHERAPY: Note: Patients should be on filgrastim as per protocol. RN to confirm				
predniSONE 45 mg/m² x BSA = _____ mg PO daily in the morning on Days 1 to 5 (Round dose to nearest 25 mg)				
DOXOrubicin 50 mg/m² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push on Day 1				
cyclophosphamide 750 mg/m² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250mL NS over 20 minutes to 1 hour on Day 1				
brentuximab vedotin 1.8 mg/kg x weight (kg) = _____ mg (maximum dose 180 mg)				
<input type="checkbox"/> 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.				
If cardiac dysfunction:				
Omit DOXOrubicin . Give etoposide 50 mg/m² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 to 500 mL (non-DEHP bag) NS over 45 minutes on Day 1 (use non-DEHP tubing with in-line filter), AND				
etoposide 100 mg/m² x BSA x (_____ %) = _____ mg PO on Days 2 and 3. (Round dose to nearest 50 mg).				
If Bilirubin greater than 85 micromol/L:				
Omit DOXOrubicin . Change cyclophosphamide to 1100 mg/m² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour on Day 1				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:

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DATE:	
EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE TOXICITY:	
hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ <input type="checkbox"/> Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day ____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets prior to each cycle <input type="checkbox"/> Creatinine <input type="checkbox"/> bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> LDH <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: