

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 and platelets day 1 of treatment Day 1: may proceed with doses as written, if within 96 hours ANC greater than or equal to 1.2 x 10⁹/L and Platelets greater than or equal to 80 x 10⁹/L Proceed with treatment based on blood work from _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.					
PREMEDICATIONS FOR oBINutuzumab INFUSION: <u>Cycle 1: Day 1</u> 60 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours: dexamethasone 20 mg IV in 50 mL NS over 15 minutes 30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours: acetaminophen 650 to 975 mg PO diphenhydrAMINE 50 mg PO <u>All subsequent infusions:</u> 30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours: acetaminophen 650 to 975 mg PO diphenhydrAMINE 50 mg PO If previous reaction was grade 3, or if lymphocyte count greater than 25 x 10 ⁹ /L before treatment: 60 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours: <input type="checkbox"/> dexamethasone 20 mg IV in 50 mL NS over 15 minutes					
PREMEDICATIONS FOR BENDAMUSTINE INFUSION: <u>CYCLE 1 to 6: DAY 1 and DAY 2</u> ondansetron 8 mg PO prior to treatment. dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg PO (select one) prior to treatment. If dexamethasone has been given the same day for the oBINutuzumab premedication i.e., Cycle 1 Day 1, then omit. <input type="checkbox"/> Other:					
** Have Hypersensitivity Reaction Tray and Protocol Available**					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:

Date:	
** Have Hypersensitivity Reaction Tray and Protocol Available**	
PREMEDICATIONS FOR oBINutuzumab MONOTHERAPY	
<p>Cycle 7 to 18: Day 1 (monotherapy with oBINutuzumab)</p> <p>30 minutes prior to infusion, repeat in 4 hours if infusion exceeds 4 hours:</p> <p style="margin-left: 20px;">acetaminophen 650 to 975 mg PO</p> <p style="margin-left: 20px;">diphenhydrAMINE 50 mg PO</p>	
TREATMENT:	
INDUCTION PHASE: Cycle 1 to 6	
<p><input type="checkbox"/> Cycle 1:</p> <p>Day 1:</p> <p>oBINutuzumab 1000 mg IV in 250 mL NS. Start infusion at 50 mg/h; after 30 minutes, increase by 50 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.</p> <p>Vital signs prior to start of infusion, at every increment of infusion rate, and as clinically indicated post infusion. Refer to protocol for resuming infusion following a reaction.</p> <p>Days 1 and 2:</p> <p>bendamustine 90 mg/m² x BSA = _____ mg</p> <p style="margin-left: 20px;">IV in 250 to 500 mL NS over 1 hour. (Day 1 treatment to be administered after obinutuzumab infusion)</p> <p>Day 8 and 15:</p> <p>oBINutuzumab 1000 mg IV in 250 mL NS. If no infusion reaction or only grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start infusion at 100 mg/h for 30 minutes; if tolerated, may escalate rate in increments of 100 mg/h every 30 minutes until rate = 400 mg/h. Refer to protocol appendix for oBINutuzumab infusion rate titration table.</p> <p>Vital signs prior to start of infusion, at every increment of infusion rate, and as clinically indicated post infusion. Refer to protocol for resuming infusion following a reaction.</p> <p><input type="checkbox"/> Cycles 2 to 6:</p> <p>Day 1:</p> <p>oBINutuzumab 1000 mg IV in 250 mL NS. If no infusion reaction or only grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start at 100 mg/h. Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.</p> <p>Vital signs prior to start of infusion, and as clinically indicated during and post infusion. Refer to protocol for resuming infusion following a reaction</p> <p>Days 1 and 2:</p> <p>bendamustine 90 mg/m² x BSA = _____ mg</p> <p style="margin-left: 20px;">IV in 250 to 500 mL NS over 1 hour. (Day 1 treatment to be administered after obinutuzumab infusion)</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

Date:	
TREATMENT: (Continued)	
<u>MAINTENANCE PHASE</u>	
<input type="checkbox"/> Cycle 7 to 18: Day 1	
<p>oBINutuzumab 1000 mg IV in 250 mL NS on Day 1. If no infusion reaction or only grade 1 infusion reaction only in the previous infusion and final infusion rate 100 mg/h or faster: Start at 100 mg/h. Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.</p> <p>Vital signs prior to start of infusion and as clinically indicated during and post infusion. Refer to protocol for resuming infusion following a reaction.</p>	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Cycle 1: Return in four weeks for Doctor and Cycle _____. Book chemo on days 1, 2, 8 and 15. <input type="checkbox"/> Cycle 2 to 6: Return in four weeks for Doctor and Cycle _____. Book chemo on days 1 and 2. <input type="checkbox"/> Cycle 7 to 18: Return in two months (calculate in months, not weeks) for Doctor and Cycle _____. Book chemo on day 1. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p>CBC & Diff, platelets prior to Day 1 of each cycle</p> <input type="checkbox"/> If clinically indicated: <input type="checkbox"/> creatinine <input type="checkbox"/> ALT <input type="checkbox"/> bilirubin <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: