

PROTOCOL CODE: LYAVDBV

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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 May proceed with day 1 doses as written if within 96 hours ANC greater than or equal to 0.6 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 <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment and select ONE of the following:				
<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 - 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				
TREATMENT: Note: Patients should be on filgrastim as per protocol. RN to confirm.				
DOXOrubicin 25 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push on Day 1 and Day 15				
vinBLAStine 6 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 50mL NS over 15 minutes on Day 1 and Day 15				
dacarbazine 375 mg/m² x BSA = _____ mg IV in 250 to 500 mL NS over 1 to 2 hours on Day 1 and Day 15				
brentuximab vedotin 1.2 mg/kg* x _____ kg = _____ mg (maximum dose 120 mg) <input type="checkbox"/> Dose Modification: 0.9 mg/kg* x _____ kg = _____ mg IV in 50 to 100 mL NS over 30 minutes on Day 1 and Day 15 . Round dose to nearest whole mg. *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 25 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 and Day 15 (use non-DEHP tubing with in-line filter), AND etoposide 50 mg/m² x BSA x (_____ %) = _____ mg PO on Days 2 and 3 and Days 16 and 17 (Round dose to nearest 50 mg).				
If Bilirubin greater than 85 micromol/L: Omit DOXOrubicin .				
Give cyclophosphamide 375 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 and Day 15				
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 four weeks for Doctor and Cycle _____. Book chemo on Day 1 and 15 <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, platelets prior to day 1 of each cycle of treatment PET Scan between day 21 and 28 of Cycle 2 <input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> creatinine <input type="checkbox"/> HBV viral load every 3 months <input type="checkbox"/> HBsAg every 3 months <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: