



Provincial Health Services Authority

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: LYBVAVDBV

Cycles 1-2 and 9-12 (brentuximab vedotin)

DOCTOR'S ORDERS		Wt _____ kg
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 1 of treatment		
May proceed with doses as written, if within 96 hours ANC greater than or equal to $0.6 \times 10^9/L$ and platelets greater than or equal to $50 \times 10^9/L$		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____		
Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Not routinely necessary.		
If required after Cycle 1 due to prior infusion reaction:		
<input type="checkbox"/> diphenhydrAMINE 50 mg PO 30 minutes prior to brentuximab vedotin Or <input type="checkbox"/> diphenhydrAMINE 50 mg IV 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"/> Other:		
** Have Hypersensitivity Reaction Tray and Protocol Available**		
CHEMOTHERAPY:		
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.		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ (for brentuximab vedotin). Book chemo on Day 1		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle 3 (for DOXOrubicin, vinBLASTine, and dacarbazine). Book chemo on Days 1 and 15		
<input type="checkbox"/> Last Cycle. Return in _____ week(s)		
CBC & Diff, platelets prior to Day 1 of each cycle If clinically indicated: <input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> creatinine <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE	SIGNATURE:	
	UC:	