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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: LYGDPO

(Maintenance Cycles 7 to 18)

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:

☐ Delay Delay treatment ______ week(s)

☐ **CBC & Diff** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 0.8 x 10^9/L** and **platelets greater than or equal to 80 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** ______________________________

Proceed with treatment based on blood work from ____

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

PREMEDICATIONS FOR oBINutuzumab INFUSION:

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 oBINutuzumab 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:

☐ **dexamethasone 20 mg IV** in 50 mL NS over 15 minutes

☐ **Other:**

**** Have Hypersensitivity Reaction Tray and Protocol Available****

TREATMENT:

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.

Vital signs prior to start of infusion and as clinically indicated during and post infusion.
Refer to protocol for resuming infusion following a reaction.

RETURN APPOINTMENT ORDERS

☐ Cycle 7 to 17: Return in **two** months (calculate in months, not weeks) for Doctor and Cycle _____. Book chemo for Day 1 only.

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

CBC & Diff prior to Day 1 of each cycle

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: