



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

Vancouver Cancer Centre

PROTOCOL CODE: LYHDMRTEM (Inpatient)

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DOCTOR'S ORDERS		Ht.....cm	Wt.....kg	BSA.....m ²
ALLERGY/ALERT: Reminder to Physicians: <i>Please ensure drug allergies and previous Bleomycin are documented on the Allergy and Alert Form.</i>				
Date/Time:		Cycle # :		
Admit to inpatient bed DAT, AAT, VSR, ECOG				
CBC & diff, creatinine, electrolytes panel, total bilirubin, ALT, alk. Phos, LDH, urine pH, CXR				
<input type="checkbox"/> HBsAg, HBsAb and HBcore Ab if not previously done				
Calculate creatinine clearance (see protocol summary)				
Daily creatinine, electrolytes panel				
CBC & diff on day 4				
<input type="checkbox"/> If clinically indicated: HBV viral load				
<input type="checkbox"/> If clinically indicated post methotrexate: daily ALT, total bilirubin, alkaline phosphatase, LDH, GGT				
At hour 48 (from start of methotrexate infusion) or morning of day 3, then daily q am: methotrexate levels (until level less than 0.1 micromol/L; note date and time of withdrawal as well as start time of infusion on specimen. MD to be notified of all results immediately				
Daily weights, intake / output				
Administer Folstein Mini Mental Status Exam (MMSE) at 1 st treatment and at final treatment and record results in admission/discharge summary.				
Ocular slit lamp exam (ophthalmology consultation)				
START ALKALINISING REGIMEN 4 TO 12 HOURS PRIOR TO METHOTREXATE:				
Discontinue all other IV hydration before starting alkalinizing regimen. Start IV D5W with potassium chloride 20mEq/L and sodium bicarbonate 150 mEq/L at 125 mL/h for at least 4 hours prior to methotrexate until urine pH is greater than 7. Hydration may be temporarily held during methotrexate infusion (per physician/nursing discretion). Continue hydration post-methotrexate infusion until methotrexate level is less than 0.1 micromol/L.				
PREMEDICATIONS:				
ondansetron 8 mg PO/IV immediately before methotrexate infusion.				
prochlorperazine 10 mg PO once after methotrexate infusion completed.				
ondansetron 8 mg PO prior to temozolomide				
PRN: prochlorperazine 10 mg PO q4h prn thereafter.				
CHEMOTHERAPY:				
Check urine pH prior to starting methotrexate				
If urine pH less than 7, continue alkalinising regimen until pH greater than or equal to 7				
If urine pH greater than or equal to 7:				
methotrexate 8 gram/m² x BSA = gram IV in 1000 mL NS over 4 hours.				
<input type="checkbox"/> Dose modification (.....%) = gram/m² x BSA = gram IV in 1000 mL NS over 4 hours				
Measure urine pH q6h. If pH less than 7, notify MD				
24 hours after start of methotrexate infusion begin leucovorin 25 mg IV q 6h x 4 doses, then leucovorin 25 mg PO q 6h until methotrexate level less than 0.1 micromol/L.				
leucovorin dose may need to be adjusted upwards depending on methotrexate level. See protocol summary for details.				
POSTHYDRATION:				
See Alkalinizing Regimen above				
Note: One staff Physician signature is required. Orders written by other providers MUST be cosigned.				Signatures
Doctor 1 Signature:		Doctor 2 Signature:		UC:
				RN:



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Date:

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

PREMEDICATIONS:

For intravenous infusion:

diphenhydrAMINE 50 mg PO prior to riTUXimab and then q4h during the IV infusion, if the infusion exceeds 4 hours
acetaminophen 650 mg -975 mg PO prior to riTUXimab and then q4h during the IV infusion, if the infusion exceeds 4 hours

For subcutaneous injection:

diphenhydrAMINE 50 mg PO prior to **riTUXimab subcutaneous**
acetaminophen 650 mg - 975 mg PO prior to **riTUXimab subcutaneous**

TREATMENT: (Note: riTUXimab is given for a total of 4 doses)

riTUXimab subcutaneous or IV may be administered either before or after chemotherapy, but within 72 hours after methotrexate

TREATMENT #1:

riTUXimab (first dose) 375 mg/m² x BSA = _____mg

IV in 250 to 500 mL NS. Start at 50 mg/hour.

After 1 hour, increase rate by 50 mg/hour every 30 minutes until rate = 400 mg/hour unless toxicity occurs.

NOTE: If the peripheral blood lymphocyte count is above 30 x 10⁹/L, the riTUXimab should be omitted from that cycle. Patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. Vital signs are not required, unless symptomatic.

Pharmacy to select riTUXimab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
riTUXimab		

FOR ALL SUBSEQUENT TREATMENTS:

Patient tolerated a full dose of IV riTUXimab (no severe reactions requiring early termination) and can proceed to subcutaneous riTUXimab:

riTUXimab subcut (RITUXAN SC) 1400 mg (fixed dose in 11.7 mL) subcutaneously into abdomen over 5 minutes.

Observation for 15 minutes following administration.

NB. During treatment with subcutaneous riTUXimab, administer other subcutaneous drugs at alternative injection sites whenever possible.

Note: One staff Physician signature is required. Orders written by other providers MUST be co-signed.

Signatures

Doctor 1 Signature:

Doctor 2 Signature:

UC:

RN



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Date:

Treatment continued:

FOR ALL SUBSEQUENT TREATMENTS:

Patient did not tolerate a full dose of IV riTUXimab (experienced severe reactions requiring early termination) in the previous treatment and will continue with IV riTUXimab for this cycle:

riTUXimab (subsequent dose) 375 mg/m² x BSA = _____ mg

IV in 250 to 500 mL NS. Infuse 50 mL (or 100 mL of 500 mL bag) of the dose over 30 minutes, then infuse the remaining 200 mL (or 400 mL of 500 mL bag) over 1 hour (total infusion time = 1 hour, 30 minutes).

For all subsequent doses, constant visual observation is not required.

If flushing, dyspnea, rigors, rash, new pruritus, vomiting, chest pain or any other new acute discomfort occurs, stop infusion and page physician.

Pharmacy to select riTUXimab brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
riTUXimab		

ON ALTERNATE CYCLES:

May proceed with day 7 if ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L within 72 hours

temozolomide 150 mg/m² or 100 mg/m² (select one) x BSA = _____mg PO daily at bedtime x 5 days on days 7 to 11.

(refer to [Temozolomide Suggested Capsule Combination Table](#) for dose rounding)

SUPPORTIVE MEDICATIONS:

REMINDER:

Write orders for Dexamethasone, Famotidine and Cotrimoxazole for inpatient use, if applicable.

Check one: Readmit in 2wks for cycle

Final Treatment: RTC in 2 months (reminder: administer MMSE at FU visits)

TESTS:

At cycle # 3, prebook for repeat CT Brain or MRI Brain immediately prior to cycle # 5.

Note: One staff Physician signature is required. Orders written by other providers MUST be co-signed.

Signatures
UC:
RN:

Doctor 1 Signature:

Doctor 2 Signature:



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DOCTOR'S ORDERS		
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
Date:	To be given:	Cycle #:
Date of LYHDMRTEM Chemotherapy		
TREATMENT: leucovorin 25 mg PO q6h xdoses NOTE: leucovorin to be continued until methotrexate level is less than 0.1 micromol/L. RN or Pharmacist to instruct patient on exact dosing times. leucovorin is a BC Cancer Benefit Drug – this prescription should be filled at a BC Cancer Outpatient Pharmacy.		
TESTS: Physician to order methotrexate Level in a.m. daily if needed		
Doctor's Signature:		Signature UC:

TIME OF DAY

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
Pre-Chemo ondansetron 8 mg PO/IV just before starting methotrexate																										
UC: RN:																										

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
Check Urine pH prior to starting methotrexate and q6h																										
UC: RN:																										

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
methotrexate ____ g IV in 1000 mL NS over 4 h																										
UC: RN:																										

MEDICATION ADMINISTRATION RECORD
 Protocol: **LYHDMRTEM**
 DRUG ALLERGIES:

TIME OF DAY

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
		ORDERED																									
Post methotrexate prochlorperazine 10mg PO once after methotrexate infusion complete																											
UC: RN:																											

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
		ORDERED																									
24 h after <u>start</u> of methotrexate infusion, start leucovorin 25 mg IV q6h x 4 doses then:																											
UC: RN:																											

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
		ORDERED																									
leucovorin 25 mg PO q6h x 3 days or until methotrexate Level less than 0.1 micromol/L																											
UC: RN:																											

TIME OF DAY

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
DATE ORDERED																											
If IV rituximab: diphenhydrAMINE 50 mg PO prior to riTUXimab, then q4h during the IV infusion, if the infusion exceeds 4 hours																											
UC: RN:																											

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
DATE ORDERED																											
If IV rituximab: acetaminophen 650 mg to 975mg PO prior to riTUXimab, then q4h during the IV infusion, if the infusion exceeds 4 hours																											
UC: RN:																											

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
DATE ORDERED																											
If IV rituximab: riTUXimab _____ mg IV in 250-500 mL NS within 72 hours of methotrexate See orders for rate of infusion																											
UC: RN:																											

TIME OF DAY

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
If riTUXimab subcutaneous (not cycle 1):																										
	diphenhydRAMINE 50 mg PO prior to riTUXimab subcutaneous																									
UC: RN:																										

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
If riTUXimab subcutaneous (not cycle 1):																										
	acetaminophen 650 mg to 975 mg PO prior to riTUXimab subcutaneous																									
UC: RN:																										

MEDICATION		DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
If riTUXimab subcutaneous (not cycle 1):																										
	riTUXimab 1400 mg subcutaneous (fixed dose in 11.7 mL) into abdomen over 5 minutes. Observation for 15 minutes following administration																									
UC: RN:																										

TIME OF DAY

MEDICATION	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
DATE ORDERED																										
If giving temozolomide: ondansetron 8 mg PO 30 minutes prior to temozolomide on days 7 to 11																										
UC: RN:																										

MEDICATION	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
DATE ORDERED																										
temozolomide ____ mg PO at HS on days 7 to 11																										
UC: RN:																										

MEDICATION	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
DATE ORDERED																										
prochlorperazine 10 mg PO q4h PRN																										
UC: RN:																										