CANCERCare
A PROGRAM OF EASTERN HEALTH
Cancer Care Program

Name:

HCN:

Date of Birth:

Doctor's Order Sheet

Ruxience® (riTUXimab) 375 - bendamustine 90

Regimen: Cycle 2 and 3 (Part I)

ARIA Protocol Name: Ruxience® (rituximab)- Benda/Cytara (Part 1 R-Benda)

Adult Chemotherapy - Hematology Oncology

Mantle Cell Lymphoma

CC6000 0410 10 2022

Allergies: ☐ **No Known**

Date: DD/MONTH/YYYY Planned Administration Date: DD/MONTH/YYYY

Cycle_____ of _____ **Cycle Duration: 28 days** Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** 1 X 10^9/L and platelets **greater than or equal to** 100 X 10^9/L, otherwise notify Hematologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

☐ **dexamethasone 8 mg PO** pre chemo on day 1 and 2

☐ **diphenhydrAMINE 50 mg PO** pre riTUXimab on day 1

☐ **acetaminophen 650 mg PO** pre riTUXimab on day 1

☐ **ondansetron 8 mg PO** pre bendamustine on days 1 and 2

☐ Other: _____

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

☐ **diphenhydrAMINE 50 mg PO** prn x 1 dose (Give during riTUXimab infusion if infusion lasts greater than 4 hours)

☐ **acetaminophen 650 mg PO** prn x 1 dose (Give during riTUXimab infusion if infusion lasts greater than 4 hours)

☐ **meperidine 25-50 mg IV** q1h prn x 2 doses (For chills and rigors associated with riTUXimab)

☐ **sodium chloride 0.9% 500 mL IV** to run concurrently with bendamustine on days 1 and 2

☐ Other: _____

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.

CANCERCare
A PROGRAM OF EASTERN HEALTH
Cancer Care Program

Name:

HCN:

Date of Birth:

Doctor's Order Sheet

Ruxience® (riTUXimab) 375 - bendamustine 90

Regimen: Cycle 2 and 3 (Part II)

ARIA Protocol Name: Ruxience® (rituximab)- Benda/Cytara (Part 1 R-Benda)

Adult Chemotherapy - Hematology Oncology

Mantle Cell Lymphoma

CC6000 0410 10 2022

Weight: _____kg Height:_____cm Body Surface Area (BSA) = _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

☐ **Ruxience® (riTUXimab) 375 mg/m²** X BSA **=** _____ **mg**

☐ Dose modification: **Ruxience® (riTUXimab) 375 mg/m²** X BSA - _____% =_____ **mg**

IV in 250 mL NS on day 1 (dilute to 1 mg/mL if infusion reaction during last riTUXimab infusion)

If no reaction in the previous infusion: infuse 20% of total volume over 30 minutes, then remaining volume over 60 minutes

☐ **bendamustine 90 mg/m²** X BSA **=** _____ **mg**

☐ Dose modification: **bendamustine 90 mg/m²** X BSA - _____% =_____ **mg**

IV in 500 mL NS over 60 minutes on day 1 and 2.

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

☐ **dexamethasone 4 mg PO** once daily in the evening on day 1 and 2

☐ **dexamethasone 4 mg PO** BID on day 3 and 4

☐ **metoclopramide 10-20 mg PO** Q4H PRN

☐ Other: _____

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY _____Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY _____ Time: _____

Nurse's Signature: _____