CANCERCare
A PROGRAM OF EASTERN HEALTH
Cancer Care Program

Doctor's Order Sheet

Ruxience® (riTUXimab) 375 - DOXOrubicin 25 - vinBLAStine 6 - bleomycin 10 units/m² - dacarbazine 375 Regimen: Part I

ARIA Protocol Name: Ruxience (rituximab) ABVD

Adult Chemotherapy - Hematology Oncology

Nodular Lymphocyte Predominate Hodgkin Lymphoma

Name:

HCN:

Date of

CC6030 0413 10/2023

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** 0.6 X 10^9/L, otherwise notify Hematologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.
- Neurotoxicity assessment complete.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

☐ **acetaminophen 650 mg PO** pre chemotherapy on day 1, day 2 and day 16
☐ **diphenhydrAMINE 50 mg PO** pre riTUXimab on day 1
☐ **fosaprepitant 150 mg IV** in 150 mL normal saline over 30 minutes on day 2 and day 16
☐ **ondansetron 16 mg PO** pre chemotherapy on day 2 and day 16
☐ **dexamethasone 12 mg IV** in 50 mL normal saline over 15 minutes pre chemotherapy on day 2 and day 16
☐ **lorazepam 1 mg SL** pre chemotherapy on day 2 and day 16
☐ **allopurinol 300 mg PO** pre chemotherapy on day 1 **(for cycle 1 only)**
☐ Other: _____

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

☐ **acetaminophen 650 mg PO** prn x 1 dose (Give during riTUXimab infusion if infusion lasts greater than 4 hours)
☐ **diphenhydrAMINE 50 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)
☐ 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.

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Doctor's Order Sheet

Ruxience™ (riTUXimab) 375 - DOXOrubicin 25 - vinBLAStine 6 - bleomycin 10 units/m² - dacarbazine 375 Regimen: Part II

Name:

HCN:

Date of Birth:

ARIA Protocol Name: Ruxience (rituximab) ABVD

Adult Chemotherapy - Hematology Oncology

Nodular Lymphocyte Predominate Hodgkin Lymphoma

CC6030 0413 10/2023

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

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

IV diluted to 1mg/ml in normal saline and administer as per protocol on day 1 during first dose or patient who experienced a previous reaction. Subsequent infusions (if no previous reaction) dilute in 250 mL normal saline, infuse 20% of total volume over 30 minutes, then remaining volume over 60 minutes. Observe patient for 30 minutes after infusion is complete.

☐ **DOXOrubicin 25 mg/m²** X BSA = **_____ mg**

☐ Dose modification: **DOXOrubicin 25 mg/m²** X BSA - _____% = **_____ mg**

IV push on day 2 and day 16

☐ **vinBLAStine 6 mg/m²** X BSA = **_____ mg**

☐ Dose modification: **vinBLAStine 6 mg/m²** X BSA - _____% = **_____ mg**

IV in 50 mL normal saline over 15 minutes on day 2 and day 16. **VESICANT PRECAUTIONS. Not to be given in a syringe due to risk of intrathecal administration.**

☐ **bleomycin 10 units/m²** X BSA = **_____ units**

☐ Dose modification: **bleomycin 10 units/m²** X BSA - _____% = **_____ units**

IV in 50 mL normal saline over 15 minutes on day 2 and day 16

☐ **dacarbazine 375 mg/m²** X BSA = **_____ mg**

☐ Dose modification: **dacarbazine 375 mg/m²** X BSA - _____% = **_____ mg**

IV in 500 mL normal saline over 60 minutes on day 2 and day 16

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: _____

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Doctor's Order Sheet

Ruxience™ (riTUXimab) 375 - DOXOrubicin 25 - vinBLAStine 6 - bleomycin 10 units/m² - dacarbazine 375 Regimen: Part III

Name:

HCN:

Date of Birth:

ARIA Protocol Name: Ruxience (rituximab) ABVD

Adult Chemotherapy - Hematology Oncology

Nodular Lymphocyte Predominate Hodgkin Lymphoma

CC6030 0413 10/2023

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

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

☐ **allopurinol 300 mg PO** once daily on days 2 to 5 **(for cycle 1 only)**

☐ **dexamethasone 4 mg PO** once daily in the morning on day 3, day 4, day 17 and day 18

☐ **ondansetron 8 mg PO** every 12 hours for 3 doses post-chemotherapy beginning the morning of day 3 and day 17.

☐ **lorazepam 1 mg SL** every 8 hours as needed

☐ **metoclopramide 10-20 mg PO** every 6 hours as needed

☐ 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: _____