

riTUXimab-hyaluronidase 1400 mg - DOXOrubicin 25 - vinBLAStine 6 - bleomycin 10 units/m² - dacarbazine 375

Regimen: Cycles 2-6 (Part I)

ARIA Protocol Name: rituximab SC ABVD

Adult Chemotherapy - Hematology Oncology

Nodular Lymphocyte Predominate Hodgkin Lymphoma



CC6240 0434 12/2023

Name: _____

HCN: _____

Date of _____

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 10⁹/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 and day 15
- diphenhydrAMINE 50 mg PO pre riTUXimab-hyaluronidase on day 1
- fosaprepitant 150 mg IV in 150 mL normal saline over 30 minutes on day 1 and day 15
- ondansetron 16 mg PO pre chemotherapy on day 1 and day 15
- dexamethasone 12 mg IV in 50 mL normal saline over 15 minutes pre chemotherapy on day 1 and day 15
- lorazepam 1 mg SL pre chemotherapy on day 1 and day 15
- 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: _____

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Doctor's Order Sheet

riTUXimab-hyaluronidase 1400 mg - DOXOrubicin 25 - vinBLASStine 6 - bleomycin 10 units/m² - dacarbazine 375

Regimen: Cycles 2-6 (Part II)

ARIA Protocol Name: rituximab SC ABVD

Adult Chemotherapy - Hematology Oncology

Nodular Lymphocyte Predominate Hodgkin Lymphoma

Name: _____

HCN: _____

Date of Birth: _____



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Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

- riTUXimab-hyaluronidase, human 1400 mg**
SC over 5 minutes on day 1
- DOXOrubicin 25 mg/m² X BSA = _____ mg**
 Dose modification: **DOXOrubicin 25 mg/m² X BSA - _____ % = _____ mg**
IV push on day 1 and day 15
- vinBLASStine 6 mg/m² X BSA = _____ mg**
 Dose modification: **vinBLASStine 6 mg/m² X BSA - _____ % = _____ mg**
IV in 50 mL normal saline over 15 minutes on day 1 and day 15. **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 1 and day 15
- 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 1 and day 15

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

- dexamethasone 4 mg PO** once daily in the morning on day 2, day 3, day 16 and day 17
- ondansetron 8 mg PO** every 12 hours for 3 doses post-chemotherapy beginning the morning of day 2 and day 16.
- 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: _____

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