

Doctor's Order Sheet

**brentuximab vedotin 1.8 mg/kg  
- bendamustine 90**

Regimen: Cycles 1 to 6 (Part I)

**ARIA Protocol Name:** brentuximab 1.8 mg/kg bendamustine 90 - Not funded/ rapid response

Adult Chemotherapy - Hematology Oncology

Anaplastic large cell lymphoma



CC7010 0521 11 2024

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Allergies:**

**No Known**

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle        of       

**Cycle Duration: 21 days**

Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than or equal to**  $1.0 \times 10^9/L$  and platelets **greater than or equal to**  $75 \times 10^9/L$ , otherwise notify Hematologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed
- Neurotoxicity assessment complete

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

- dexamethasone 8 mg PO** pre chemotherapy on day 1 and 2
- ondansetron 8 mg PO** pre chemotherapy on day 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.

**brentuximab vedotin 1.8 mg/kg  
- bendamustine 90**

Regimen: Cycles 1 to 6 (Part 2)

**ARIA Protocol Name:** brentuximab 1.8 mg/kg bendamustine 90 - Not funded/ rapid response

Adult Chemotherapy - Hematology Oncology

Anaplastic large cell lymphoma



CC7010 0521 11 2024

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

**HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):**

**normal saline 500 mL IV** over 60 minutes on day 1 and 2. To be administered concurrently with bendamustine

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**brentuximab vedotin 1.8 mg/kg** X kg = \_\_\_\_\_ mg (cap weight at 100 kg)

Dose modification: **brentuximab 1.8 mg/kg** X kg - \_\_\_\_\_ % = \_\_\_\_\_ mg

**IV** in 100 mL normal saline over 30 minutes on day 1

**bendamustine 90 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ mg

Dose modification: **bendamustine 90 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg

**IV** in 500 mL normal saline 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** twice daily on day 3 and 4

**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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