

Doctor's Order Sheet

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

Regimen: Cycles 7+

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

Adult Chemotherapy - Hematology Oncology

Anaplastic large cell lymphoma



CC7020 0522 11 2024

Name: _____

HCN: _____

Date of Birth: _____

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

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):

Other: _____

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

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

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: _____

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