PENNSTATE HERSHEY
Cancer Institute

REVISED: September 2014

Brentuximab Vedotin (Adcetris®)

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____ Diagnosis _____Metastatic Site _____

Cycle # _____ of _____ Planned

		If chemo delayed
Day	1	
Date		
Weight/BSA		
WBC/ANC		
Hb/Hct		
Platelets		
Dose delayed or not given (reason)		
RN Signature		

1. Laboratory Studies:
CBC, DIFF, PLT
Notify MD if ANC <1500 or PLT <100K
☐ Additional labs needed prior to chemo:_____
RN to record labs and other information requested on grid, and sign

2. Consent Obtained ?
☐ Yes ☐ Preprinted Consent

3. Infusion Room General Order Set will be initiated

4. Place IV if no indwelling catheter.
5. Premedicate prior to each infusion with:
Diphenhydramine 50 mg po
Acetaminophen 650 mg po

_____

6. Chemotherapy:
Brentuximab Vedotin ☐ Full dose: 1.8 mg/kg=_____mg

☐ Instead of full dose, give _____% of dose = _____ mg Reason:_____
IV given over 30 minutes every 21 days.
(180mg max for patients >100kg) (Maximum 16 cycles)

7. If any symptoms occur, hold infusion, start NS at 100/ml. As appropriate, call MD and give
Meperidine 25 mg IV for rigors, may repeat once if no improvement in 10 minutes
Diphenhydramine 25 mg IV for urticaria/swelling, may repeat once if no relief in 10 minutes
Dexamethasone 20 mg IV for stridor, new wheezing or patient complaining of difficulty breathing.

8. **Growth factors: ☐ None**
☐ pegfilgrastim 6 mg subcutaneously day 2 or 3 of chemo regimen.

Preparer's Signature _____ Date_____

_____
Attending's Signature Printed name Pager number Date Time AM/PM

MR CHEMO ORDER