PENNSTATE HERSHEY
Cancer Institute

REVISED: January 2014

# Ofatumumab monthly

**Date written _____ To begin _____**

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

1. Laboratory Studies: CBC, DIFF, PLT RN to record labs and other information requested on grid, and sign

Notify MD if ANC <1500 or PLT <100K

☐ Additional labs needed prior to chemo:_____

2. Consent Obtained?
   ☐ Yes ☐ Preprinted Consent
   ☐ See Dictated Note ☐ Note in Chart
3. Place IV if no indwelling catheter.
4. Premedicate for all infusions, at least 30 minutes prior to treatment:
   **Cetirizine 10 mg po**
   **Acetaminophen 1000 mg po**

| **Cycle # ____ of _____ Planned** | | | | |
|---|---|---|---|---|
| Week | 12 | 16 | 20 | 24 |
| Date | | | | |
| Weight/BSA | | | | |
| WBC/ANC | | | | |
| Hb/Hct | | | | |
| Platelets | | | | |
| Dose delayed or not given (reason) | | | | |
| RN Signature | | | | |

5. Infusion:
   **Week 12:**
   **Methylprednisolone 100 mg IV**
   **Ofatumumab 2000 mg in NS 1L IV x 1 dose**

   **Weeks 16, 20 & 24:**
   **Methylprednisolone 40 mg IV**
   **Ofatumumab 2000 mg in NS 1L IV x 1 dose**

-Flush line with normal saline before/after administration, use provided in-line filter and PVC tubing for administration
-Infusion titration: Doses 1 & 2- start at 12 mL/hr, double rate every 30 minutes as tolerated to maximum rate of 200 mL/hr. Doses 3-12- start at 25 mL/hr, double rate every 30 minutes as tolerated to maximum rate of 400 mL/hr.

6. If any symptoms occur, hold infusion, start NS at 100/ml. As appropriate, call MD and give
   **Meperidine 25 mg IV push for rigors, may repeat once if no improvement in 10 minutes**
   **Diphenhydramine 25 mg IV push for urticaria/swelling, may repeat once if no relief in 10 minutes**
   **Dexamethasone 20 mg IV for respiratory distress.**

7. May Begin infusion before labs available.

**Preparer's Signature _____ Date_____**

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

MR CHEMO ORDER