PENNSTATE HERSHEY
Cancer Institute

REVISED: August 2013

Ofatumumab weeks 1-8

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:_____

Cycle # _____ of _____ Planned								
Week	1	2	3	4	5	6	7	8
Date								
Weight/BSA								
WBC/ANC								
Hb/Hct								
Platelets								
Dose delayed or not given (reason)								
RN Signature								

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
5. Infusion:
   Dose 1 (Week 1):
   Methylprednisolone 100 mg IV
   Ofatumumab 300 mg in NS 1L IV x 1 dose

   Dose 2 (Week 2):
   Methylprednisolone 100 mg IV
   Ofatumumab 2000 mg in NS 1L IV x 1 dose

   Doses 3-8 (Weeks 3-8)
   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