MIC METRO INFUSION CENTER

Brentuximab Vedotin (Adcetris)

Name: _____
DOB: _____
Diagnosis/Code: _____/_____

Weight: _____kg (the dose is capped at weight of 100kg- so if weight >100kg- will use 100kg to calculate dose)

☐ Call for weight change greater than 10% from baseline
☐ No dose modifications required for any weight change

BSA: N/A
Dose based on mg/kg

Laboratory or Other Tests Related to Chemotherapy:

☐ CBC, should be resulted within 72 hours of chemotherapy
CMP prior to each dose

Dosing Guidelines/ Parameters: **Provider must select one option below**

☐ Hold and call provider for ANC less than or equal to 1500; Platelets less than or equal to 100,000
☐ Hold and call provider for ANC less than or equal to _____; Platelets less than or equal to_____
Call for any bilirubin elevation for possible adjustment of dose

Hydration Orders: Not Required

Premedication and Antiemetic Orders: ☐ No antiemetic needed

DRUG	DOSE	ROUTE	RATE	FREQUENCY, DAYS TO BE GIVEN
☐ Acetaminophen (Tylenol)	☐ 650mg ☐ 1000mg	PO	_____	30 minutes prior to each dose
☐ Diphenhydramine (Benadryl)	☐ 25 mg ☐ 50mg	☐ PO ☐ IVP	_____	30 minutes prior to each dose
☐ Dexamethasone	8mg	PO		Prior to each dose (low emetogenic potential as per NCCN)

Treatment Orders:

DRUG	DOSE CALCULATION	DOSE	SOLUTION AND VOLUME	ROUTE	RATE	DAYS TO BE GIVEN
☐ Brentuximab Vedotin (Adcetris)	1.8mg/kg*	_____mg (dose is capped at 180mg)	100ml NS	IVPB	30 minutes	Every 3 weeks
☐ Brentuximab Vedotin (Adcetris)	1.2mg/kg*	_____mg (dose is capped at 120mg)	100ml NS	IVPB	30 minutes	☐ Every 2 weeks ☐ Every 3 weeks

* Cap weight used at 100kg

Date of first treatment: _____/subsequent treatments may be given +/- 5 days for greater than weekly
This order is good for 1 year from the date ordered

Oral cancer treatment patient is taking: _____

Call referring physician for:

- Peripheral neuropathy that is worsening or causing motor difficulties
- Low blood counts
- Abnormalities in liver or kidney function that is new

Other reasons to call:

DATE	**Referring provider:**_____ _____ **Telephone#**_____
	SIGNATURE REQUIRED PRINTED NAME REQUIRED