



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: GUAVIPNI  
(Induction)**

**DOCTOR'S ORDERS**

Wt \_\_\_\_\_ kg

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

**To be given:**

**Cycle #:**

Date of Previous Cycle:

- Delay treatment \_\_\_\_\_ week(s)
- Delay for toxicity Type of toxicity \_\_\_\_\_

May proceed with doses as written if within 96 hours **ALT less than or equal to 3 times the upper limit of normal, bilirubin less than or equal to 1.5 times the upper limit of normal, creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 X baseline.**

**Proceed with treatment based on blood work from \_\_\_\_\_**

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

For prior infusion reaction:

- diphenhydrAMINE 50 mg** PO 30 minutes prior to treatment
- acetaminophen 325 to 975 mg** PO 30 minutes prior to treatment
- hydrocortisone 25 mg** IV 30 minutes prior to treatment

**IMMUNOTHERAPY:**

**nivolumab 3 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg every 3 weeks**  
IV in 50 to 100 mL NS over 30 minutes using a 0.2 micron in-line filter\*\*

**ipilimumab 1 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg every 3 weeks**  
IV in 25 to 50 mL NS over 1 hour 30 minutes\* using a 0.2 micron in-line filter\*\*

\* if no infusion reactions after 2 treatments, may infuse subsequent doses over 30 minutes

\*\*Use separate infusion line and filter for each drug

**RETURN APPOINTMENT ORDERS**

- Return in **three weeks** for Doctor and Cycle \_\_\_\_\_. (Cycle 5 maint. phase nivolumab every 2 weeks)
- Return in **six weeks** for Doctor and Cycle 5. (maint. phase nivolumab for every 4 week dose only)

**CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, creatinine kinase, TSH, glucose** prior to each treatment

**Weekly nursing assessment**

- If clinically indicated:  **ECG**  **Chest X-ray**
- serum HCG** or  **urine HCG** – required for woman of child bearing potential
  - Free T3 and free T4**  **lipase**  **morning serum cortisol**
  - serum ACTH levels**  **testosterone**  **estradiol**  **FSH**  **LH**
  - Other consults:**
  - See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**