



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: GUAVNIV

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DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

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)

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

TREATMENT:

nivolumab 3 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg (max. 240 mg) every 2 weeks

IV in 100 mL NS over 30 minutes using a 0.2 or 0.22 micron in-line filter.

RETURN APPOINTMENT ORDERS

- Return in two weeks for Doctor and Cycle # \_\_\_\_\_
 Return in four weeks for Doctor and Cycles # \_\_\_\_\_ and \_\_\_\_\_. Book chemo x 2 cycles.
 Last cycle. Return in \_\_\_\_\_ week(s).

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

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: