

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 <u>www.bccancer.bc.ca/terms-of-use</u> and according to acceptable standards of care.

PROTOCOL CODE: LUAJNIVPC

Page 1 of 2

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSAm²	
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) CBC & Diff, platelets day of treatment 						
May proceed with PACLitaxel and CARBOplatin as written if within 96 hours ANC <u>greater than or equal to</u> 1.5 x 10⁹/L, platelets greater than or equal to 100 x 10 ⁹ /L						
May proceed with nivolumab if within 96 hours creatinine <u>less than or equal to</u> 1.5 times the upper limit of normal and <u>less than or equal to</u> 1.5 times the baseline, ALT <u>less than or equal to</u> 3 times the upper limit of normal, total bilirubin <u>less than or equal to</u> 1.5 times the upper limit of normal						
Dose modification for: Hematology Hematology Other Toxicity: Proceed with treatment based on blood work from						
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm						
☐ No prior infusion reaction to nivolumab: administer premedications as sequenced below						
45 Minutes Prior To PACLitaxel: dexamethasone 20 mg IV in 50 mL NS over 15 minutes						
30 Minutes Prior To PACLitaxel: diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)						
ONE of the following:						
ondansetron 8 mg						
netupitant-palonos	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin					
Prior infusion reaction to nivolumab: administer PACLitaxel premedications prior to nivolumab						
45 Minutes Prior To nivolumab:						
dexamethasone 20 mg IV in 50 mL NS over 15 minutes						
30 Minutes Prior To nivolumab: diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)						
acetaminophen 325 to 975 mg PO 30 minutes prior to nivolumab						
AND select ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin						
ONE of the aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and						
ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin						
netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin						
If additional antiemetic required:						
OCANZapine _ 2.5 mg of _ 5 mg of _ 10 mg (select one) PO 30 to 00 minutes prior to CARBOplatin						
Continued on page 2						
DOCTOR'S SIGNATURE:				SIG	NATURE:	
				UC:		
	_					



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 <u>www.bccancer.bc.ca/terms-of-use</u> and according to acceptable standards of care.

PROTOCOL CODE: LUAJNIVPC

Page 2 of 2

DATE:					
Have Hypersensitivity Reaction Tray & Protocol Available					
CHEMOTHERAPY: nivolumab 4.5 mg/kg xkg = mg (max. 360 mg) IV in 50 to 100 mL NS over 30 minutes using a 0.2 micron in-line filter*					
PACLitaxel 200 mg/m ² x BSA = mg Dose Modification:% = mg/m ² x BSA = mg IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter*)					
* Use separate infusion line and filter for each drug CARBOplatin AUC 6 x (GFR + 25) = mg □ Dose Modification:% = mg IV in 100 to 250 mL NS over 30 minutes					
RETURN APPOINTMENT ORDERS					
 Return in <u>three</u> weeks for Doctor and Cycle Last Cycle. Return in week(s). 					
CBC & Diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, creatine kinase, random glucose 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					
☐ Weekly nursing assessment					
□ Other consults					
☐ See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:	SIGNATURE:				
	UC:				