



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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: LUAVPCIPNI**  
**(Cycles 1 and 2)**

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment					
May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 times the baseline, 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</b>					
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity:</b> _____ <b>Proceed with treatment based on blood work from</b> _____					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.					
<input type="checkbox"/> No prior infusion reaction to nivolumab or ipilimumab: administer premedications as sequenced below					
<u><b>45 Minutes Prior To PACLitaxel:</b></u> <b>dexamethasone 20 mg IV in 50 mL NS over 15 minutes</b>					
<u><b>30 Minutes Prior To PACLitaxel:</b></u> <b>diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes</b> (Y-site compatible)  <b>ondansetron 8 mg PO prior to CARBOplatin</b>					
<input type="checkbox"/> Prior infusion reaction to nivolumab or ipilimumab: administer PACLitaxel premedications prior to nivolumab					
<u><b>45 Minutes Prior To nivolumab:</b></u> <b>dexamethasone 20 mg IV in 50 mL NS over 15 minutes</b>					
<u><b>30 Minutes Prior To nivolumab:</b></u> <b>diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes</b> (Y-site compatible)					
<input type="checkbox"/> <b>acetaminophen 325 to 975 mg PO 30 minutes prior to nivolumab</b>					
<b>ondansetron 8 mg PO prior to CARBOplatin</b>					
<b>Continued on page 2</b>					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>



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**(Cycles 1 and 2)**

**DATE:**

**\*\*Have Hypersensitivity Reaction Tray & Protocol Available\*\***

**CHEMOTHERAPY:**

**CYCLE 1**

**nivolumab 4.5 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg (**max. 360 mg**)

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

IV in 25 to 100 mL NS over 1 hour 30 minutes using a 0.2 micron in-line filter\*

**PACLitaxel 200 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 to 500 mL (use non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter\*)

**CARBOplatin AUC**  **5** or  **6** (*select one*) x (**GFR + 25**) = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

IV in 100 to 250 mL NS over 30 minutes

\* Use separate infusion line and filter for each drug

**OR**  **CYCLE 2**

**nivolumab 4.5 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ 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<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 to 500 mL (use non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter\*)

**CARBOplatin AUC**  **5** or  **6** (*select one*) x (**GFR + 25**) = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

IV in 100 to 250 mL NS over 30 minutes

\* Use separate infusion line and filter for each drug

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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**(Cycles 1 and 2)**

<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and <b>Cycle 2</b> . Book chemo on Day 1. <input type="checkbox"/> Return in <b>three</b> weeks for Doctor and <b>Cycle 3</b> . Book chemo on Day 1 and 21. <input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____	
<b>CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, creatine kinase, glucose</b> prior to each treatment  If clinically indicated: <input type="checkbox"/> <b>ECG</b> <input type="checkbox"/> <b>Chest X-ray</b> <input type="checkbox"/> <b>serum HCG or urine HCG</b> – required for woman of child bearing potential <input type="checkbox"/> <b>Free T3 and free T4</b> <input type="checkbox"/> <b>lipase</b> <input type="checkbox"/> <b>morning serum cortisol</b> <input type="checkbox"/> <b>serum ACTH levels</b> <input type="checkbox"/> <b>testosterone</b> <input type="checkbox"/> <b>estradiol</b> <input type="checkbox"/> <b>FSH</b> <input type="checkbox"/> <b>LH</b>  <input type="checkbox"/> <b>Weekly nursing assessment</b> <input type="checkbox"/> <b>Other consults</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>