



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 and according to acceptable standards of care.

PROTOCOL CODE: LUAVPPCEM

(Cycles 1 to 6)

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DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²						
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form								
DATE:	To be given:	Cycle #:						
Date of Previous Cycle: _____								
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment								
May proceed with pemetrexed, CARBOplatin, CISplatin as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L , platelets greater than or equal to 100 x 10⁹/L , and creatinine clearance greater than or equal to 45mL/minute (for pemetrexed and CARBOplatin), or greater than or equal to 60 mL/minute (for CISplatin).								
May proceed with cemiplimab as written if within 96 hours 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, total bilirubin less than or equal to 1.5 times the upper limit of normal.								
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____								
Proceed with treatment based on blood work from _____								
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.								
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment								
AND select ONE of the following:	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center; vertical-align: top;"><input type="checkbox"/></td><td>aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment</td></tr><tr><td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td><td>netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment</td></tr><tr><td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td><td>ondansetron 8 mg PO 30 to 60 minutes prior to treatment</td></tr></table>		<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment
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<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment							
If additional antiemetic required: <input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment								
Ensure patient is taking folic acid and has had vitamin B12 injection starting at least 7 days prior to first cycle, and to continue while on treatment, until 21 days after last pemetrexed dose.								
For prior infusion reaction to cemiplimab: <input type="checkbox"/> diphenhydramine 50 mg PO 30 minutes prior to treatment <input type="checkbox"/> acetaminophen 325 to 975 mg PO 30 minutes prior to treatment <input type="checkbox"/> hydrocortisone 25 mg IV 30 minutes prior to treatment <input type="checkbox"/> Other: _____								
Have Hypersensitivity Reaction Tray & Protocol Available								
HYDRATION: 1000 mL NS over 1 hour prior to CISplatin								
Continued on page 2								
DOCTOR'S SIGNATURE:		SIGNATURE: UC:						



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DATE:

TREATMENT:

cemiplimab 350 mg

IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter

pemetrexed 500 mg/m² x BSA = _____ mg

☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 mL NS over 10 minutes (may be given during prehydration)

Select one:

☐ **CISplatin 75 mg/m² x BSA = _____ mg**

☐ Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulphate 1 g and mannitol 30 g over 1 hour

OR

☐ **CARBOplatin AUC 5 x (GFR + 25) = _____ mg**

☐ Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes.

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____

☐ Last Cycle. Return in _____ week(s)

CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each treatment

Vitamin B12 injection required every 9 weeks. Patient to obtain supply.

☐ This patient to receive injection in clinic. Next injection due by _____.

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**

☐ **random glucose** ☐ **troponin** ☐ **creatine kinase**

☐ **Weekly nursing assessment**

☐ **Other consults**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: