

PROTOCOL CODE: LUAVPIPNI
(Cycles 1 and 2)

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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, Platelets day of treatment					
May proceed with doses 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, Creatinine Clearance greater than or equal to 60 mL/minute (if using CISplatin), 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					
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:					
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment				
<input type="checkbox"/>	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				
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:					
<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					
Have Hypersensitivity Reaction Tray & Protocol Available					
PREHYDRATION:					
1000 mL NS over 1 hour prior to CISplatin					
Continued on page 2					
DOCTOR'S SIGNATURE:				SIGNATURE:	
				UC:	



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.

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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* (may be given during prehydration)

* Use separate infusion line and filter for each drug

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 IV in 100 to 250 mL NS over 30 minutes

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 (may be given during prehydration)

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 IV in 100 to 250 mL NS over 30 minutes

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle 2 . Book chemo on Day 1. <input type="checkbox"/> Return in three weeks for Doctor and Cycle 3 . Book chemo on Day 1 and 21. <input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____	
<p>CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, creatine kinase, glucose prior to each treatment</p> <p>CBC & diff, Platelets weekly during Cycles 1 and 2</p> <p>Vitamin B12 injection required every 9 weeks. Patient to obtain supply.</p> <input type="checkbox"/> This patient to receive injection in clinic. Next injection due by _____. <p>If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> Chest X-ray</p> <input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG (select one) – required for woman of child bearing potential <input type="checkbox"/> Free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Weekly nursing assessment <input type="checkbox"/> Other consults <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: