# PROTOCOL CODE: LUAVPPOSI

**(Cycles 5 plus)**



## DOCTOR'S ORDERS

**Ht**_____**cm** **Wt**_____**kg** **BSA**_____**m²**

**REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**

**DATE:** **To be given:** **Cycle #(s):**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** day of treatment

May proceed with pemetrexed as written if within 96 hours **ANC greater than or equal to 1.5 x $10^9$/L, platelets greater than or equal to 100 x $10^9$/L, creatinine clearance greater than or equal to 45 mL/minute (if creatinine ordered)**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity:** _____

**Proceed with treatment based on blood work from** _____

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm _____.

**dexamethasone 4 mg** PO bid for 3 days starting one day prior to each treatment

Ensure patient is taking **folic acid** and has had **vitamin B12** injection, and to continue while on treatment, until 21 days after last pemetrexed dose.

☐ **Other:**

**TREATMENT:** ☐ Repeat in three weeks

**pemetrexed 500 mg/m²** x BSA = _____ mg

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

IV in 100 mL NS over 10 minutes

**osimertinib 80 mg** PO once daily

☐ Dose modification: **osimertinib 40 mg** PO once daily

Supply for: _____ days (maximum 90 days)

## RETURN APPOINTMENT ORDERS

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

☐ Return in **six weeks** for Doctor and Cycle #s _____ and _____. Book for 2 cycles.

☐ Last Cycle. Return in _____ week(s)

**CBC & Diff, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, calcium, magnesium** 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** ☐ **CT scan (chest)**

☐ **Muga Scan** or ☐**Echocardiogram** (select one) ☐ **creatinine**

☐ **Other tests:**

☐ **Consults:**

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

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**