



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 and according to acceptable standards of care

PROTOCOL CODE: LUMMIPN13

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 #:** _____

Date of Previous Cycle: _____

Delay treatment _____ week(s)

May proceed with doses as written if within 96 hours **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, creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 X baseline.**

Proceed with treatment based on blood work from _____

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

For prior infusion reaction:

- diphenhydrAMINE 50 mg** PO 30 minutes prior to treatment
- acetaminophen 325 to 975 mg** PO 30 minutes prior to treatment
- hydrocortisone 25 mg** IV 30 minutes prior to treatment

TREATMENT:

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* on **Days 1 and 22**

ipilimumab 1 mg/kg x _____ kg = _____ mg
IV in 25 to 100 mL NS over 30 minutes using a 0.2 micron in-line filter* on **Day 1 only**

* Use separate infusion line and filter for each drug

RETURN APPOINTMENT ORDERS

Return in **six weeks** for Doctor and Cycle _____. Book chemo Day 1 and 22.

Last cycle. Return in _____ week(s).

CBC and differential, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, creatine kinase, glucose prior to each treatment

- If clinically indicated: **ECG** **Chest X-ray**
- serum HCG** or **urine HCG** – 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: