PROTOCOL CODE: LUSCDURPE

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:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff** day of treatment

May proceed with doses as written on Day 1 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 60 mL/minute (if using CISplatin), 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 times baseline.

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____
Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm_____.

Cycles 1 to 4:

ondansetron 8 mg PO prior to treatment on Days 1 to 3
dexamethasone ☐ **8 mg** or ☐ **12 mg** *(select one)* PO prior to treatment on Days 1 to 3
☐ **aprepitant 125 mg** PO 30 to 60 minutes prior to treatment on Day 1; then **80 mg** PO daily on Day 2 and 3

If additional antiemetic required:
☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to treatment
☐ **hydrocortisone 100 mg** IV prior to etoposide
☐ **diphenhydrAMINE 50 mg** IV prior to etoposide

For prior durvalumab 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
☐ **Other:**

****Have Hypersensitivity Reaction Tray and Protocol Available****

TREATMENT:

☐ **CYCLES 1 to 4:**

durvalumab 20 mg/kg x **_____kg** = _____ mg **(max. 1500 mg)**
IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter* **Day 1 only**

CISplatin 25 mg/m^2/day x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 100 to 250 mL NS over 30 minutes x **3 days**

OR

CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes **Day 1 only**

etoposide 100 mg/m^2/day x BSA = _____ mg
☐ Dose Modification: _____mg/m^2 x BSA = _____mg
IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes x **3 days** (use non-DEHP tubing with 0.2 micron in-line filter*)

* Use separate infusion line and filter for each drug

*****SEE PAGE 2 FOR CCYCLES 5 ONWARDS*****

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

DOCTOR'S ORDERS

DATE:

TREATMENT: (continued)

SEE PAGE 1 FOR CYCLES 1 to 4

OR

☐ **CYCLE 5 onwards:**

durvalumab 20 mg/kg x **_____kg** = _____ mg **(max. 1500 mg)** every 4 weeks
IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____. Book chemo x 3 days for cycles 1 to 4.
☐ Return in **three** weeks for Doctor and **Cycle 5**. Book chemo on day 1 for cycle 5 onwards.
☐ Return in **four** weeks for Doctor and Cycle _____. Book chemo on day 1.
☐ Last Cycle. Return in _____ week(s).

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

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** ☐ **calcium**
☐ **Glucose**
☐ **Weekly nursing assessment**
☐ **Other consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:
UC: