

PROTOCOL CODE: SMNAIPNI

Page 1 of 1

| | | |
|--|---------------------|-------------------------------------|
| DOCTOR'S ORDERS | | Wt _____ kg |
| REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form | | |
| DATE: | To be given: | Cycle #: ____ of 2 |
| Date of Previous Cycle: | | |
| <input type="checkbox"/> 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, total 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: <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 | | |
| IMMUNOTHERAPY: nivolumab 3 mg/kg x _____ kg = _____ mg (max. 240 mg) every 3 weeks 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 (max. 80 mg) every 3 weeks IV in 25 to 50 mL NS over 30 minutes using a 0.2 micron in-line filter* * Use separate infusion line and filter for each drug | | |
| RETURN APPOINTMENT ORDERS | | |
| <input type="checkbox"/> Return in three weeks for Doctor and Cycle 2. <input type="checkbox"/> Return in _____ week(s) for the post operative visit. | | |
| CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, creatine kinase, TSH, random glucose, morning serum cortisol prior to each treatment Weekly nursing assessment If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> Chest X-ray <input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of child bearing potential <input type="checkbox"/> Free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> troponin <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"/> Other consults: <input type="checkbox"/> See general orders sheet for additional requests. | | |
| DOCTOR'S SIGNATURE: | | SIGNATURE: UC: |