BC CANCER
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: USMAVIPNI (Induction)

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

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 #:**

Date of Previous Cycle:

☐ Delay treatment ______ week(s)
☐ Delay for toxicity Type of toxicity____________

May proceed with doses as written if within 96 hours **ALT <u>less than or equal to</u> 3 times the upper limit of normal, <u>bilirubin less than or equal to</u> 1.5 times the upper limit of normal,** creatinine **<u>less than or equal to</u>** 1.5 times the upper limit of normal *and* **<u>less than or equal to</u>** 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

IMMUNOTHERAPY:

nivolumab 1 mg/kg x __________**kg =** ________**mg every 3 weeks**
IV in 25 to 50 mL NS over 30 minutes using a 0.2 micron in-line filter.

ipilimumab 3 mg/kg x _________ **kg =** ________**mg every 3 weeks**
IV in 50 to 250 mL NS over 1 hour 30 minutes* using a 0.2 micron in-line filter.
* if no infusion reactions after 2 treatments, may infuse subsequent doses over 30 minutes

Use separate infusion line and filter for each drug

RETURN APPOINTMENT ORDERS

☐ Return in **<u>three</u>** <u>weeks</u> for Doctor and Cycle ___**.** (Cycle 5 maint. phase nivolumab q2wk)
☐ Return in **<u>six</u>** <u>weeks</u> for Doctor and Cycle 5**.** (maint. phase nivolumab for q4wk dose only)

CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, creatine kinase (CK), TSH, glucose prior to each treatment
Weekly nursing assessment
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**
☐ **Other consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:	SIGNATURE: UC: