PROTOCOL CODE: GUBAJDUR

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)

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 times 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:

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

Pharmacist to select **dose band** per last page of PPO. Complete table below (please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
durvalumab		

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle # _____.
☐ Last cycle. Return in _____ week(s).

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

If clinically indicated: ☐ **ECG** ☐ **chest x-ray**
☐ **serum hCG or** ☐ **urine hCG** – required for woman of childbearing potential
☐ **free T3 and free T4** ☐ **lipase** ☐ **morning serum cortisol** ☐ **serum ACTH levels**
☐ **testosterone** ☐ **estradiol** ☐ **FSH** ☐ **LH** ☐ **random glucose**
☐ **C-reactive protein** ☐ **creatine kinase** ☐ **troponin**
☐ **Weekly nursing assessment for (specify concern): _____**
☐ **Other consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

DURVALUMAB DOSE BANDING TABLE (20 mg/kg capped at 1500 mg)

Ordered Dose (mg)		Rounded dose (mg)
From:	**To:**	
Less than 369		**Pharmacy prepares specific dose**
369	440.49	**400**
440.5	475.49	**450**
475.5	555.49	**500**
555.5	666.49	**600**
666.5	777.49	**700**
777.5	888.49	**800**
888.5	999.49	**900**
999.5	1099.49	**1000**
1099.5	1199.49	**1100**
1199.5	1299.49	**1200**
1299.5	1399.49	**1300**
1399.5	1499.49	**1400**
1499.5	1500	**1500**