PROTOCOL CODE: GUBNADURPG

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 durvalumab as written if within 48 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 times baseline.

May proceed with gemcitabine and CISplatin or CARBOplatin doses as written if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 100 x 10^9/L, creatinine clearance greater than or equal to 60 mL/min***

***If CISplatin on Days 1 and 8, Creatinine Clearance greater than or equal to 45 mL/min**

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

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

For prior durvalumab infusion reaction:
☐ **diphenhydrAMINE 50 mg** PO 30 minutes prior to durvalumab
☐ **acetaminophen 325 to 975 mg** PO 30 minutes prior to durvalumab
☐ **hydrocortisone 25 mg** IV 30 minutes prior to durvalumab

DAY 1 (and DAY 8 if split dose CISplatin being given)
dexamethasone ☐ **8 mg** or ☐ **12 mg** (select one) PO 30 to 60 minutes prior to treatment

AND select **ONE** of the following:	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to treatment, and **ondansetron 8 mg** PO 30 to 60 minutes prior to treatment
	☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to treatment
	☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to treatment

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

DAY 8 (unless split dose CISplatin being given)
☐ **prochlorperazine 10 mg** or ☐ **metoclopramide 10 mg** PO prior to treatment
☐ **Other:**

PREHYDRATION:
1000 mL NS IV over 1 hour prior to CISplatin

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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DATE:

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

TREATMENT:

durvalumab 20 mg/kg x _____ **kg** = _____ mg (max 1500 mg) on **Day 1**
IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter (may be given during prehydration)
Pharmacist to select **dose band** per last page of PPO. Complete table below (please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
durvalumab		

gemcitabine 1000 mg/m² x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m²/day x BSA = _____ mg
IV in 250 mL NS over 30 minutes on **Day 1 and Day 8** (may be given during prehydration)

CISplatin 70 mg/m² x BSA = _____ mg
☐ Dose Modification: _____mg/m² x BSA = _____mg
IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g Mannitol over 1 hour **Day 1 only**
OR
CISplatin 35 mg/m² x BSA = _____ mg
☐ Dose Modification: _____mg/m² x BSA = _____mg
IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g Mannitol over 1 hour **Days 1 and 8**
OR
CARBOplatin AUC 5 x (GFR + 25) = _____mg IV in 100 to 250 mL NS over 30 minutes **Day 1**

DOSE MODIFICATION IF REQUIRED ON DAY 8:
gemcitabine 1000 mg/m² x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m²/day x BSA = _____ mg
IV in 250 mL NS over 30 minutes on **Day 8**

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____. Book treatment Days 1 and 8.
☐ Last cycle. Return for Doctor in _____ weeks.

CBC & Diff, creatinine, sodium, potassium, total bilirubin, ALT, TSH prior to Day 1
CBC & Diff prior to Day 8
creatinine prior to Day 8 (required if using split-dose CISplatin)

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