

**PROTOCOL CODE: GOEAVDPNC**

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<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
<b>DATE:</b>	To be given:	Cycle #:			
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment					
May proceed with PACLitaxel NAB and CARBOplatin as written if within 96 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 100 x 10<sup>9</sup>/L</b> May proceed with dostarlimab as written if within 96 hours <b>creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 times the baseline, 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</b>					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ <b>Proceed with treatment based on blood work from _____</b>					
<b>PREMEDICATIONS:</b> Patient to take own supply of oral medications. RN/Pharmacist to confirm _____.					
<b>CYCLES 1 to 6:</b>					
For prior dostarlimab infusion reaction:					
<input type="checkbox"/> <b>diphenhydrAMINE 50 mg</b> PO 30 minutes prior to dostarlimab <input type="checkbox"/> <b>acetaminophen 325 to 975 mg</b> PO 30 minutes prior to dostarlimab <input type="checkbox"/> <b>hydrocortisone 25 mg</b> IV 30 minutes prior to dostarlimab					
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to CARBOplatin					
AND select ONE of the following:	<input type="checkbox"/>	<b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to CARBOplatin			
	<input type="checkbox"/>	<b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to CARBOplatin, and <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to CARBOplatin			
	<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg</b> PO 30 to 60 minutes prior to CARBOplatin			
If additional antiemetic required:					
<input type="checkbox"/> <b>OLANZapine</b> <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to CARBOplatin					
<b>CYCLES 7 to 29:</b>					
For prior dostarlimab infusion reaction:					
<input type="checkbox"/> <b>diphenhydrAMINE 50 mg</b> PO 30 minutes prior to treatment <input type="checkbox"/> <b>acetaminophen 325 to 975 mg</b> PO 30 minutes prior to treatment <input type="checkbox"/> <b>hydrocortisone 25 mg</b> IV 30 minutes prior to treatment					
<input type="checkbox"/> Other:					
Continued on Page 2					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>

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**DATE:**

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

**TREATMENT:**

Cycle \_\_\_\_\_ (Cycles 1 to 6):

**dostarlimab 500 mg IV in 100 mL NS over 30 minutes using a 0.2 micron in-line filter\* on Day 1**

**PACLitaxel NAB 260 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg on Day 1**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> = \_\_\_\_\_ mg

IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with **15 micron filter\***)

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

Drug	Dose Band (mg)	Pharmacist Initial and Date
PACLitaxel NAB		

**CARBOplatin AUC  6 or  5 (select one) x (GFR + 25) = \_\_\_\_\_ mg on Day 1**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

IV in 100 to 250 mL NS over 30 minutes

\* use separate infusion line and filter for each drug

Cycle \_\_\_\_\_ (Cycles 7 to 29):

**dostarlimab 1000 mg IV in 100 mL NS over 30 minutes using a 0.2 micron in-line filter on Day 1 every 6 weeks**

**RETURN APPOINTMENT ORDERS**

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_ (Cycles 1 to 6)

Return in **three** weeks for Doctor and Cycle 7

Return in **six** weeks for Doctor and Cycle \_\_\_\_\_ (Cycles 8 to 29)

Last Cycle. Return in \_\_\_\_\_ week(s)

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

If clinically indicated:

ECG  chest x-ray

serum HCG or  urine HCG – required for woman of childbearing potential

GGT  total protein  albumin  morning serum cortisol  lipase

random glucose  troponin  creatine kinase  free T3 and free T4

serum ACTH levels  testosterone  estradiol  FSH  LH

magnesium  calcium  CA 125  CA 15-3  CA 19-9  CEA

Weekly nursing assessment for (specify concern): \_\_\_\_\_

Other consults

See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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**PACLitaxel NAB DOSE BANDING TABLE**

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 96		<b>Pharmacy prepares specific dose</b>
96	104.49	<b>100</b>
104.5	108.49	<b>105</b>
108.5	115.49	<b>110</b>
115.5	125.49	<b>120</b>
125.5	135.49	<b>130</b>
135.5	145.49	<b>140</b>
145.5	155.49	<b>150</b>
155.5	165.49	<b>160</b>
165.5	177.49	<b>170</b>
177.5	190.49	<b>185</b>
190.5	210.49	<b>200</b>
210.5	230.49	<b>220</b>
230.5	250.49	<b>240</b>
250.5	270.49	<b>260</b>
270.5	286.49	<b>275</b>
286.5	314.49	<b>300</b>
314.5	329.49	<b>315</b>
329.5	344.49	<b>330</b>
344.5	362.49	<b>345</b>
362.5	388.49	<b>370</b>
388.5	419.49	<b>400</b>
419.5	439.49	<b>420</b>
439.5	459.49	<b>440</b>
459.5	479.49	<b>460</b>
479.5	499.49	<b>480</b>
499.5	524.49	<b>500</b>
524.5	566.49	<b>540</b>
566.5	596.49	<b>580</b>
596.5	630.49	<b>600</b>
630.5	683.49	<b>650</b>
More than 683.49		<b>Pharmacy prepares specific dose</b>