PROTOCOL CODE: GOEAVDUCAT

DOCTOR'S ORDERS

Ht_____**cm** **Wt**_____**kg** **BSA**_____**m²**

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 PACLitaxel and CARBOplatin as written if within 96 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 100 x 10^9/L**

May proceed with durvalumab as written if within 96 hours 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**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____

Proceed with treatment based on blood work from _____

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

CYCLES 1 to 6:

☐ No prior infusion reaction to durvalumab: administer premedications as sequenced below

45 minutes prior to PACLitaxel: **dexamethasone 20 mg** IV in 50 mL NS over 15 minutes

30 minutes prior to PACLitaxel: **diphenhydrAMINE 50 mg** IV in 50 mL NS over 15 minutes and **famotidine 20 mg** IV in 100 mL NS over 15 minutes (Y-site compatible)

☐ Prior infusion reaction to durvalumab: administer PACLitaxel premedications prior to durvalumab

45 minutes prior to durvalumab: **dexamethasone 20 mg** IV in 50 mL NS over 15 minutes

30 minutes prior to durvalumab: **diphenhydrAMINE 50 mg** IV in 50 mL NS over 15 minutes and **famotidine 20 mg** IV in 100 mL NS over 15 minutes (Y-site compatible)

☐ **acetaminophen 325 to 975 mg** PO 30 minutes prior to durvalumab

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

If additional antiemetic required:

☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to CARBOplatin

CYCLE 7 onward:

For prior durvalumab 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

☐ **Other:**

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DOCTOR'S SIGNATURE: **SIGNATURE:**

UC:

DATE:

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

TREATMENT:

☐ **Cycle _____ (Cycles 1 to 6):**

durvalumab 15 mg/kg x _____kg = _____ mg (max. 1120 mg) on Day 1

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		

PACLitaxel ☐ 175 mg/m^2 x BSA = _____ mg

☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg **on Day 1**

IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use Non DEHP tubing with 0.2 micron in-line filter*)

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 onward):**

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		

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**
DATE:	

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 **four** weeks for Doctor and Cycle _____ (Cycles 8 onward) ☐ 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 ☐ **morning serum cortisol** ☐ **lipase** ☐ **random glucose** ☐ **LDH** ☐ **GGT** ☐ **magnesium** ☐ **calcium** ☐ **troponin** ☐ **creatine kinase** ☐ **free T3 and free T4** ☐ **serum ACTH levels** ☐ **testosterone** ☐ **estradiol** ☐ **FSH** ☐ **LH** ☐ **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:**

DURVALUMAB DOSE BANDING TABLE (15 mg/kg capped at 1120 mg AND 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**