



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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: LUNANIVPC**

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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 1.5 x 10<sup>9</sup>/L, platelets greater than or equal to 100 x 10<sup>9</sup>/L**

May proceed with nivolumab 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. RN/Pharmacist to confirm \_\_\_\_\_.

- No prior infusion reaction to nivolumab: 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)

AND select ONE of the following:	<input type="checkbox"/>	<b>ondansetron 8 mg PO</b> 30 to 60 minutes prior to CARBOplatin
	<input type="checkbox"/>	<b>aprepitant 125 mg PO</b> 30 to 60 minutes prior to CARBOplatin, and <b>ondansetron 8 mg PO</b> 30 to 60 minutes prior to CARBOplatin
	<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg PO</b> 30 to 60 minutes prior to CARBOplatin

- Prior infusion reaction to nivolumab: administer PACLitaxel premedications prior to nivolumab

**45 Minutes Prior To nivolumab:**  
**dexamethasone 20 mg IV** in 50 mL NS over 15 minutes

**30 Minutes Prior To nivolumab:**  
**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 nivolumab

AND select ONE of the following:	<input type="checkbox"/>	<b>ondansetron 8 mg PO</b> 30 to 60 minutes prior to CARBOplatin
	<input type="checkbox"/>	<b>aprepitant 125 mg PO</b> 30 to 60 minutes prior to CARBOplatin, and <b>ondansetron 8 mg PO</b> 30 to 60 minutes prior to CARBOplatin
	<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg PO</b> 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
- Other:** \_\_\_\_\_

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<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>



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**DATE:**

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

**TREATMENT:**

nivolumab 4.5 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg (max. 360 mg)

IV in 50 to 100 mL NS over 30 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
nivolumab		

PACLitaxel 200 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

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

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

\* Use separate infusion line and filter for each drug

CARBOplatin AUC 6 x (GFR + 25) = \_\_\_\_\_ mg

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

IV in 100 to 250 mL NS over 30 minutes

**RETURN APPOINTMENT ORDERS**

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_.

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

**CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, creatine kinase, random glucose** prior to each treatment

If clinically indicated:

ECG  chest x-ray

serum HCG or  urine HCG (select one) – required for woman of childbearing potential

free T3 and free T4  lipase  morning serum cortisol

serum ACTH levels  testosterone  estradiol  FSH  LH

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

Other consults

See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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**NIVOLUMAB DOSE BANDING TABLE (4.5 mg/kg capped at 360 mg)**

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 170		Pharmacy prepares specific dose
170	191.49	180
191.5	219.49	200
219.5	239.49	220
239.5	259.49	240
259.5	279.49	260
279.5	298.49	280
298.5	319.49	300
319.5	349.49	320
349.5	360	360