



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 and according to acceptable standards of care.

PROTOCOL CODE: LUAVPCIPNI (Cycles 1 and 2)

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: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, 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, bilirubin less than or equal to 1.5 times the upper limit of normal Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
<input type="checkbox"/> No prior infusion reaction to nivolumab or ipilimumab: 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 NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)				
AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin		
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin		
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin		
<input type="checkbox"/> Prior infusion reaction to nivolumab or ipilimumab: 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 NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)				
<input type="checkbox"/> acetaminophen 325 to 975 mg PO 30 minutes prior to nivolumab				
AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin		
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin		
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin		
If additional antiemetic required: <input type="checkbox"/> OLANzapine <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 <input type="checkbox"/> Other: _____				
Continued on page 2				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:



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(Cycles 1 and 2)

DATE:

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

CHEMOTHERAPY:

CYCLE 1

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*

ipilimumab 1 mg/kg x _____ kg = _____ mg

IV in 25 to 100 mL NS over 30 minutes using a 0.2 micron in-line filter*

PACLitaxel 200 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

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

CARBOplatin AUC **5** or **6** (*select one*) x (**GFR + 25**) = _____ mg

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes

* Use separate infusion line and filter for each drug

OR **CYCLE 2**

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*

PACLitaxel 200 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

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

CARBOplatin AUC **5** or **6** (*select one*) x (**GFR + 25**) = _____ mg

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes

* Use separate infusion line and filter for each drug

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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(Cycles 1 and 2)

DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle 2 . Book chemo on Day 1. <input type="checkbox"/> Return in three weeks for Doctor and Cycle 3 . Book chemo on Day 1 and 22. <input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____	
CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, creatine kinase, glucose prior to each treatment If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> Chest X-ray <input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of child bearing potential <input type="checkbox"/> Free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Weekly nursing assessment <input type="checkbox"/> Other consults <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: