



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: LUAVPIPNI
(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* (may be given during prehydration)

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* (may be given during prehydration)

* Use separate infusion line and filter for each drug

pemetrexed 500 mg/m² x BSA = _____ mg

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

IV in 100 mL NS over 10 minutes (may be given during prehydration)

Select one:

CISplatin 75 mg/m² x BSA = _____ mg

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

IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulphate 1 g and mannitol 30 g over 1 hour

OR

CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes

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 (may be given during prehydration)

pemetrexed 500 mg/m² x BSA = _____ mg

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

IV in 100 mL NS over 10 minutes (may be given during prehydration)

Select one:

CISplatin 75 mg/m² x BSA = _____ mg

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

IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulphate 1 g and mannitol 30 g over 1 hour

OR

CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes

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 _____	
<p>CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, creatine kinase, glucose prior to each treatment</p> <p>CBC & diff, Platelets weekly during Cycles 1 and 2</p> <p>Vitamin B12 injection required every 9 weeks. Patient to obtain supply.</p> <input type="checkbox"/> This patient to receive injection in clinic. Next injection due by _____. <p>If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> Chest X-ray</p> <input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG (select one) – 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: