

Doctor's Order Sheet
**CARBOplatin AUC 5 –
 PEMEtrexed 500 -
 pembrolizumab 2 mg/kg**
 Regimen
 (Part I)

ARIA Protocol Name: CarbAUC5 Peme500 Pembro2mg/kg
 Adult Chemotherapy- Medical Oncology
 Advanced Non-Small Cell Lung Cancer Therapy



CC2190 0090 05 2020

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

No Known

Date: DD/MONTH/YYYY Planned Administration Date: DD/MONTH/YYYY
 Cycle _____ of _____ **Cycle Duration: 21 days** Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1.5 \times 10^9/L$ and platelets **greater than or equal to** $100 \times 10^9/L$, otherwise notify Medical Oncologist.
- Creatinine Clearance **greater than or equal to** 45 mL/minute, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Thyroid function assessed.

PREMEDICATIONS (FOR COMMUNITY PHARMACY):

dexamethasone 4 mg PO bid x 3 days starting the day before chemotherapy

Other: _____

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

dexamethasone 4 mg PO on day 1 (in addition to the dexamethasone above)

ondansetron 16 mg PO on day 1

Other: _____

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.

**CARBOplatin AUC 5 –
PEMEtrexed 500 -
pembrolizumab 2 mg/kg
Regimen
(Part II)**

ARIA Protocol Name: CarbAUC5 Peme500 Pembro2mg/kg
Adult Chemotherapy- Medical Oncology
Advanced Non-Small Cell Lung Cancer Therapy



CC2190 0090 05 2020

Name: _____

HCN: _____

Date of Birth: _____

Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

folic acid 0.4 mg PO daily

Starting at least 7 days prior to the first cycle, and to continue while on treatment,
until 21 days after last pemetrexed dose

cyanocobalamin 1000 mcg IM every 9 weeks

Starting at least 7 days prior to the first cycle, and to continue while on treatment,
until 21 days after last pemetrexed dose

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

pembrolizumab 2 mg/kg X Weight (kg) = _____ mg (maximum dose 200mg) IV
in 50 mL normal saline over 30 minutes on day 1

PEMEtrexed 500 mg/m² X BSA = _____ mg IV in 100 mL normal saline
over 10 minutes on day 1

Dose modification: **500 mg/m² X BSA - _____ % = _____ mg IV in 100 mL normal saline**
over 10 minutes on day 1

CARBOplatin AUC 5 = _____ mg IV in 250 mL normal saline over 30 minutes on day 1

Dose modification: **AUC 5 - _____ % = _____ mg IV in 250 mL normal saline**
over 30 minutes on day 1

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.