

Doctor's Order Sheet
lurbinectedin Regimen
ARIA Protocol Name: lurbinectedin - Compassionate - Small Cell
 Adult Chemotherapy- Medical Oncology
 Small Cell Lung Cancer Therapy

Name: _____

HCN: _____

Date of Birth: _____



CC3660 0177 02 2022

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

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.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

- ondansetron 8 mg PO on day 1
 dexamethasone 8 mg PO on day 1
 Other: _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

- lurbinectedin 3.2 mg/m^2 X BSA = _____ mg
 Dose modification: lurbinectedin 2.6 mg/m^2 X BSA = _____ mg
 Dose modification: lurbinectedin 2 mg/m^2 X BSA = _____ mg
IV in 250 mL normal saline over 60 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.