

**CARBOplatin AUC 5 -
PACLitaxel 175 -
pembrolizumab 2 mg/kg
Regimen (Part I)**

ARIA Protocol Name: CarbAUC5 Pac175 Pembro2mg/kg

Adult Chemotherapy - Medical Oncology

Advanced Non-Small Cell Lung Cancer Therapy



CC3750 0186 04 2022

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** $1 \times 10^9/L$ and platelets **greater than or equal to** $100 \times 10^9/L$, otherwise notify Medical Oncologist.
- Creatinine Clearance assessed.
- LFTs and Bilirubin assessed.
- Thyroid function assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

- ☐ **45 minutes prior to PACLitaxel: dexamethasone 20 mg IV** in 50 mL normal saline over 15 minutes on day 1
- ☐ **30 minutes prior to PACLitaxel: diphenhydrAMINE 50 mg IV** in 50 mL normal saline over 15 minutes on day 1
Administer concurrently with famotidine via y-site
- ☐ **30 minutes prior to PACLitaxel: famotidine 20 mg IV** in 100 mL normal saline over 15 minutes on day 1
Administer concurrently with diphenhydrAMINE via y-site
- ☐ **ondansetron 8 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: _____

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Doctor's Order Sheet
**CARBOplatin AUC 5 -
PACLitaxel 175 -
pembrolizumab 2 mg/kg**

Regimen (Part II)

ARIA Protocol Name: CarbAUC5 Pac175 Pembro2mg/kg

Adult Chemotherapy - Medical Oncology

Advanced Non-Small Cell Lung Cancer Therapy



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

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

☐ **PACLitaxel 175 mg/m²** X BSA = _____ mg

☐ Dose modification: **PACLitaxel 175 mg/m²** X BSA - _____ % = _____ mg

IV in 500 mL normal saline PVC Free over 180 minutes on day 1

☐ **CARBOplatin AUC 5** = _____ mg

☐ Dose modification: **CARBOplatin 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: _____

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