

Doctor's Order Sheet  
**nivolumab 4.5 mg/kg -  
 PACLitaxel 200 -  
 CARBOplatin AUC 6**  
 Regimen (Part I)

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**ARIA Protocol Name:** nivolumab 4.5 mg/kg PACLitaxel 200 CARBOplatin AUC 6  
 Adult Chemotherapy - Medical Oncology  
 Neoadjuvant Treatment for Resectable Non-Small Cell Lung Cancer (NSCLC)



CC7140 0534 01 2025

**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 X 10<sup>9</sup>/L and platelets **greater than or equal to** 100 X 10<sup>9</sup>/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: famotidine 20 mg IV** in 100 mL normal saline over 15 minutes on day 1.

Administer concurrently with diphenhydrAMINE via y-site.

**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 CARBOplatin: 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: \_\_\_\_\_

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

Doctor's Order Sheet  
**nivolumab 4.5 mg/kg -  
 PACLitaxel 200 -  
 CARBOplatin AUC 6**  
 Regimen (Part II)

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**ARIA Protocol Name:** nivolumab 4.5 mg/kg PACLitaxel 200 CARBOplatin AUC 6  
 Adult Chemotherapy - Medical Oncology

Neoadjuvant Treatment for Resectable Non-Small Cell Lung Cancer (NSCLC)



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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**nivolumab 4.5 mg/kg X Weight (kg) = \_\_\_\_\_ mg (Cap dose at 360 mg)**

**IV** in 50 mL normal saline over 30 minutes on day 1

**PACLitaxel 200 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**

Dose modification: **PACLitaxel 200 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**

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

**CARBOplatin AUC 6 = \_\_\_\_\_ mg**

Dose modification: **CARBOplatin AUC 6 - \_\_\_\_\_ % = \_\_\_\_\_ 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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