

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

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

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

Doctor's Order Sheet

**CARBOplatin AUC 5 - gemcitabine 1000 -  
durvalumab 20 mg/kg Regimen (Part I)**

**ARIA Protocol Name:** CarbAUC5 Gem1000 Durvalumab 20 mg/kg  
Adult Chemotherapy - Medical Oncology

Advanced or Metastatic Biliary Tract Cancer



CC6540 0464 03 2024

**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.
- 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
- metoclopramide 10 mg PO on day 8
- 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.

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

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

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

Doctor's Order Sheet

**CARBOplatin AUC 5 - gemcitabine 1000 -  
durvalumab 20 mg/kg Regimen (Part II)**

**ARIA Protocol Name:** CarbAUC5 Gem1000 Durvalumab 20 mg/kg

Adult Chemotherapy - Medical Oncology

Advanced or Metastatic Biliary Tract Cancer



CC6540 0464 03 2024

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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**durvalumab 20 mg/kg** X Weight (kg) = \_\_\_\_\_ **mg (max dose 1500 mg)**

**IV** in 100 mL normal saline over 60 minutes on day 1.

**gemcitabine 1000 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ **mg**

Dose modification: **gemcitabine 1000 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_ % = \_\_\_\_\_ **mg**

**IV** in 250 mL normal saline over 30 minutes on day 1 and 8.

**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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