

Doctor's Order Sheet  
**Nivolumab 4.5 mg/kg -  
 CARBOplatin AUC 5 -  
 gemcitabine 1000 Regimen:  
 Nivolumab - CARBOplatin -  
 gemcitabine (Part I)**

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

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

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

**ARIA Protocol Name:** CARBOplatin AUC5 Gem 1000 D1 & 8 Nivolumab 4.5 mg/kg  
 Adult Chemotherapy - Medical Oncology  
 Neoadjuvant Squamous Non-Small Cell Lung Cancer Therapy



CC7820 0602 09 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**  $1 \times 10^9/L$  and platelets **greater than or equal to**  $100 \times 10^9/L$ , otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

**PREMEDICATIONS:**

- ondansetron 16 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.

Doctor's Order Sheet

**nivolumab 4.5 mg/kg**  
**CARBOplatin AUC 5 -**  
**gemcitabine 1000 Regimen:**  
**nivolumab - CARBOplatin -**  
**gemcitabine (Part II)**

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

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

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

**ARIA Protocol Name:** CARBOplatin AUC5 Gem 1000 D1 & 8 Nivolumab 4.5 mg/kg  
Adult Chemotherapy - Medical Oncology  
Neoadjuvant Squamous Non-Small Cell Lung Cancer Therapy



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

**CHEMOTHERAPY:**

- nivolumab 4.5 mg/kg** X Weight (kg) = \_\_\_\_\_ mg (maximum dose 360 mg)  
IV in 50 mL normal saline over 30 minutes on day 1. Administer with 0.2 or 0.22 micron low protein binding in-line filter.
- gemcitabine 1000 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ mg IV in 250 mL normal saline  
over 30 minutes on days 1 & 8
- Dose modification: **1000 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg IV in 250 mL normal saline  
over 30 minutes on days 1 & 8
- 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: \_\_\_\_\_

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