



Doctor's Order Sheet

**nivolumab 3 mg/kg -
DOXOrubicin 25 - vinBLASStine 6
- dacarbazine 375** Regimen: (Part I)
ARIA Protocol Name: nivolumab-AVD

Adult Chemotherapy - Hematology Oncology
Hodgkin's lymphoma



CC7870 0607 10/2025

Name: _____

HCN: _____

Date of _____

Allergies:

No Known

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle _____ of _____

Cycle Duration: 28 days

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $0.6 \times 10^9/L$, platelets **greater than or equal to** $50 \times 10^9/L$ otherwise notify Hematologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.
- Neurotoxicity assessment complete.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

- dexamethasone 12 mg IV** in 50 mL normal saline over 15 minutes pre chemotherapy on day 1 and day 15
- allopurinol 300 mg PO** pre chemotherapy on day 1 (**for cycle 1 only**)
- lorazepam 1 mg SL** pre chemotherapy on day 1 and day 15
- fosaprepitant 150 mg IV** in 150 mL normal saline over 30 minutes pre chemotherapy on day 1 and day 15
- ondansetron 8 mg PO** pre chemotherapy on day 1 and day 15
- 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

nivolumab 3 mg/kg - DOXOrubicin 25 - vinBLASStine 6 - dacarbazine 375 Regimen: (Part II)
ARIA Protocol Name: nivolumab-AVD

Adult Chemotherapy - Hematology Oncology
Hodgkin's lymphoma



CC7870 0607 10/2025

Name: _____

HCN: _____

Date of Birth: _____

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

nivolumab 3 mg/kg X Weight (kg) = _____ **mg (maximum dose 240 mg)**

IV in 50 mL normal saline over 30 minutes on day 1 and day 15

DOXOrubicin 25 mg/m² X BSA = _____ **mg**

Dose modification: **DOXOrubicin 25 mg/m²** X BSA - _____ % = _____ **mg**

IV push on day 1 and day 15

vinBLASStine 6 mg/m² X BSA = _____ **mg**

Dose modification: **vinBLASStine 6 mg/m²** X BSA - _____ % = _____ **mg**

IV in 50 mL normal saline over 15 minutes on day 1 and day 15. **VESICANT PRECAUTIONS. Not to be given in a syringe due to risk of intrathecal administration.**

dacarbazine 375 mg/m² X BSA = _____ **mg**

Dose modification: **dacarbazine 375 mg/m²** X BSA - _____ % = _____ **mg**

IV in 500 mL normal saline over 60 minutes on day 1 and day 15

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

allopurinol 300 mg PO once daily on days 2 to 5 (**for cycle 1 only**)

ondansetron 8 mg PO every 12 hours for 4 doses post-chemotherapy beginning the evening of day 1 and day 15

dexamethasone 4 mg PO twice daily on day 2, day 3, day 16 and day 17

metoclopramide 10-20 mg PO every 6 hours as needed

lorazepam 1 mg SL every 8 hours as needed

Other: _____

POST-CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

filgrastim (Brand: _____) _____ **mcg subcutaneous** daily for 5 days starting on day 7 and day 21

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

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Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

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