

Doctor's Order Sheet

**CISplatin 25 - etoposide 100 -
durvalumab 20 mg/kg**

Regimen (Part I)

ARIA Protocol Name: Cisp25 Etop100 D1-3 durvalumab 20 mg/kg - Small Cell

Adult Chemotherapy - Medical Oncology

Advanced Small Cell Lung Cancer Therapy



CC4050 0216 07 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** $1.5 \times 10^9/L$ 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):

☐ **fosaprepitant 150 mg IV** in 150 mL normal saline over 30 minutes on day 1

☐ **ondansetron 8 mg PO** on days 1 to 3

☐ **dexamethasone 8 mg PO** on days 1 to 3

☐ 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

**CISplatin 25 - etoposide 100
- durvalumab 20 mg/kg**

Regimen (Part II)

ARIA Protocol Name: Cisp25 Etop100 D1-3 durvalumab 20 mg/kg - Small Cell

Adult Chemotherapy - Medical Oncology

Advanced Small Cell Lung Cancer Therapy



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

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

☐ **sodium chloride 0.9% 500 mL IV** hydration over 30 minutes pre-CISplatin on days 1 to 3

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

☐ **durvalumab 20 mg/kg** X Weight (kg) = _____ mg (maximum dose 1500 mg)

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

☐ **CISplatin 25 mg/m²** X BSA = _____ mg

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

IV in 250 mL normal saline infused at 1 mg/min on days 1 to 3

☐ **etoposide 100 mg/m²** X BSA = _____ mg

☐ Dose modification: **etoposide 100 mg/m²** X BSA - _____ % = _____ mg

IV in 500 mL normal saline PVC Free bag over 45 minutes on days 1 to 3

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

Nurse's Signature: _____

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