

PROTOCOL CODE: GUAVNIV4

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DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE:	To be given:	Cycle #:
Date of Previous Cycle:		
<input type="checkbox"/> Delay treatment _____ week(s)		
May proceed with doses as written if within 96 hours ALT less than or equal to 3 times the upper limit of normal, bilirubin less than or equal to 1.5 times the upper limit of normal , creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 X baseline .		
Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. For prior infusion reaction:		
<input type="checkbox"/> diphenhydrAMINE 50 mg PO 30 minutes prior to treatment		
<input type="checkbox"/> acetaminophen 325 to 975 mg PO 30 minutes prior to treatment		
<input type="checkbox"/> hydrocortisone 25 mg IV 30 minutes prior to treatment		
TREATMENT:		
nivolumab 6 mg/kg x _____ kg = _____ mg (max. 480 mg) every 4 weeks		
IV in 50 to 100 mL NS over 30 minutes using a 0.2 micron in-line filter.		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in four weeks for Doctor and Cycle # _____.		
<input type="checkbox"/> Last cycle. Return in _____ week(s).		
CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each treatment		
If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> Chest X-ray		
<input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of child bearing potential		
<input type="checkbox"/> Free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol		
<input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Glucose		
<input type="checkbox"/> Weekly nursing assessment		
<input type="checkbox"/> Other consults:		
<input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: