

# **PROTOCOL CODE: ULULADUR4**

Page 1 of 1

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s)				
May proceed with doses as written if within 96 hours <b>ALT less than or equal to</b> 3 times the upper limit of normal, <b>bilirubin less than or equal to</b> 1.5 times the upper limit of normal, <b>creatinine less than or equal to</b> 1.5 times the upper limit of normal and <b>less than or equal to</b> 1.5 times baseline.				
Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. For prior infusion reaction:				
<input type="checkbox"/> <b>diphenhydramine 50 mg</b> PO 30 minutes prior to treatment				
<input type="checkbox"/> <b>acetaminophen 325 to 975 mg</b> PO 30 minutes prior to treatment				
<input type="checkbox"/> <b>hydrocortisone 25 mg</b> IV 30 minutes prior to treatment				
<b>TREATMENT:</b> <b>durvalumab 20 mg/kg x _____ kg = _____ mg (max. 1500 mg) every 4 weeks</b> IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>four weeks</b> for Doctor and Cycle # _____.				
<input type="checkbox"/> Last cycle. Return in _____ week(s).				
<b>CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH</b> prior to each treatment				
If clinically indicated: <input type="checkbox"/> <b>ECG</b> <input type="checkbox"/> <b>Chest X-ray</b>				
<input type="checkbox"/> <b>serum hCG</b> or <input type="checkbox"/> <b>urine hCG</b> – required for woman of child bearing potential				
<input type="checkbox"/> <b>Free T3 and free T4</b> <input type="checkbox"/> <b>lipase</b> <input type="checkbox"/> <b>morning serum cortisol</b>				
<input type="checkbox"/> <b>serum ACTH levels</b> <input type="checkbox"/> <b>testosterone</b> <input type="checkbox"/> <b>estradiol</b> <input type="checkbox"/> <b>FSH</b> <input type="checkbox"/> <b>LH</b> <input type="checkbox"/> <b>Glucose</b>				
<input type="checkbox"/> <b>Weekly nursing assessment</b>				
<input type="checkbox"/> <b>Other consults:</b>				
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>