

MEDICAL CENTER

CHEMOTHERAPY ORDER SHEET

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PATIENT _____ MR # _____

REGIMEN: Pembrolizumab/PEMEtrexed / CARBOPlatin

DIAGNOSIS: Non-small cell lung cancer

OAT1/3 Cycle: q 21d

Metastatic (non-squamous)

CYCLE: # _____ (Combo x 4 cycles; then 31 cycles Pembro +/- Pemetrexed) HT: cm WT: kg BSA: m²

PLANNED DURATION: _____ (#) Cycles or Until Progression **GOAL:** Palliation

ALLERGIES: NONE Other _____

PRECHEMO LABS: CBC /DIFF Comprehensive Metabolic Panel Mg⁺⁺ Phosphorus ECG Serum Beta HCG
 Audiology eval TSH Cortisol HgbA1c Urinalysis Other _____

Day 8 Labs: CBC /DIFF Comprehensive Metabolic Mg⁺⁺

Baseline & q 3 mos: TSH Cortisol HgbA1c

HOLD CHEMO IF and notify provider ANC < 1500 PLT < 100K HGB/HCT < _____ Cr Cl < 45 mL/min T. bili > 2.0 mg/dL
 AST/ALT > 3x ULN Electrolyte abnormality FENA⁺ > 1 (Fractional Excretion of Na⁺ = {(U_{Na}⁺/S_{Na}⁺)/(U_{Cr}/S_{Cr})} x 100
 Stomatitis/Pharyngitis/Dehydration/Constipation ≥ Gr 3 Peripheral neuropathy ≥ Gr 3 Hearing deficit
 Signs of PRES* ≥ Gr 2 pneumonitis, colitis, nephritis, hypophysitis, other immune mediated toxicities
 ≥ Gr 2 Skin toxicity i.e. rash, blisters, skin sloughing or erythroderma Pregnancy Risk Other: _____
 Patient has not taken Dexamethasone or Folic Acid as ordered

Cautions: 1. Avoid nephrotoxic drugs. 2. Pts with CrCl 45 -79 mL/min should avoid use of NSAIDs just prior to and post Pemetrexed.
3. Neurotoxicity risk is greater in pts > 65 yo or prior platinum agent use. 4. Concomitant use of phenytoin with Carbo may decrease phenytoin levels. 5. ↑ Risk of pneumonitis with prior thoracic radiation; 6. ↑ Risk of adverse events with Prior OR Future ALLO-stem cell transplant; 7. Caution with autoimmune disorders; 8. Concomitant use of Protein Pump Inhibitors/Acetaminophen- may ↓ effect of Pembrolizumab

HYDRATION Orders: NS _____ mL at _____ mL/hr Other _____ mL at _____ mL/hr

Pre Medication: 30-60 min prior to chemo Emetic Risk: High
 Dexamethasone 20 mg slow IVP or infusion Fosaprepitant 150 mg IV infusion over 30 min
 Palonosetron 0.25 mg IVP over 30 seconds or Olanzapine 5 mg PO ONCE
 Ondansetron 8 mg IV infusion over 15 min or Other _____
 Granisetron 1 mg IVP over 1 min

ESSENTIAL SUPPLEMENTS:
_____ to _____ Dexamethasone 4 mg PO twice a day _____ prescription given/Pt has
Day -1 Day+1 (To decrease skin rash, patient starts at _____ day prior to, the day of & day after pemetrexed administration)
_____ Folic acid 400 micrograms PO daily beginning 7 days prior to 1st dose of Pemetrexed
Day -7 (cycle 1) Cycle 1 Day 1 date _____ through 21 days after LAST Pemetrexed dose
_____ Vitamin B12 1000 micrograms IM PRIOR to cycles 1 and 4 (then: every 3 cycles/ 9 weeks)
Date (Day -7 Cycle1; Day 1 Cycle 4, etc) _____ To reduce anti-folate chemotherapy induced GI & bone marrow related toxicities)

CHEMOTHERAPY : Dose Modification: Toxicity _____ Comorbidity _____

Drug	mg/m ² /AUC	Total dose	Route	Rate
Pembrolizumab	FLAT DOSE	= 200 mg	IV in 100 mL NS	over 30 min
<i>via low protein binding 0.22 micron in-line filter</i>				
PEMEtrexed	500 mg/m ²	= _____ mg	IV in 100 mL NS	over 10 min
CARBOPlatin	AUC 5	= _____ mg	IV in 250 mL NS	over 30 min

Day 1 C____ (1-4 ONLY) Irritant

ADDITIONAL ORDERS: Return for Labs: _____ CBC/diff BM CMP PT /INR Other _____
Day 8 & 15 every cycle: CBC /DIFF Ophthalmic exam with intraocular pressure after cycle 2

Return to clinic on _____ Next chemotherapy planned for _____
For delayed nausea: Dexamethasone 8 mg PO daily for 3 days post CARBOPlatin Olanzapine 5 mg PO once nightly D 1-4 post CARBOPLATIN
 For Nausea _____ mg PO _____ x times per day. Script given/pt has
For diarrhea: Loperamide 4 mg after first loose stool, then 2 mg after each subsequent loose stool up to 16 mg/day.

HOME INSTRUCTIONS: Call for; Fever ≥ 100.5° F; Nausea/vomiting or mucositis; Call for ≥ 7 loose stool/day or severe cramping; Symptoms of clotting; *PRES symptoms (headache, visual disturbances, mental status changes, seizure). **IF CrCl 45-79 mL/min: HOLD IBUPROFEN 2 days before, day of, & 2 days after Pemetrexed.**

NP/PA _____ DATE/TIME _____ MD _____ DATE/TIME _____

Signature

Signature

Date	BSA	RN 1 Signature	RN 2 Signature	Pembrolizumab Dose	Pemetrexed Dose	Carboplatin Dose	Dose within 10% of Ordered Dose?	
							Yes	No – MD Aware?
Day 1								

Reference: NCCN 1.2023; Ghadhi L et al. NEJM (2018) 38:2078-92; Langer C et al. Lancet Onc (2016) 17:1497-1508.

Irritant Hypersensitivity Name Alert v1 10/2017; v3 2/2023