OPDIVO®
(nivolumab)

Patient Monitoring Checklist

Patient Name: .....

File No.: .....

Name of the Oncologist: .....

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OPDIVO® (nivolumab)

OPDIVO® is indicated for the treatment of patients with different types of tumors.

For local approved indications in your country,please refer to the local Prescribing Information available in the product pack.

OPDIVO is associated with the following Warnings and Precautions including immune-mediated: pneumonitis, colitis, hepatitis, nephritis and renal dysfunction, hypothyroidism, hyperthyroidism, other adverse reactions; and embryofetal toxicity.

Patient Monitoring Checklist

Patient Name ..... **Date** .....

This checklist is intended for nurses to use prior to dosing each patient and at any follow-up visits or calls with the patient to identify some of the signs and symptoms associated with adverse reactions related to treatment with OPDIVO. Early identification of adverse reactions and intervention are an important part of the safe use of OPDIVO.
Please note: this checklist is not meant to be all-inclusive.

If the patient responds "Yes" to any of these questions, consult the patient's oncologist before administering OPDIVO.

QUESTIONS	RESPONSE		NOTES
GENERAL			
Are you having difficulty performing your normal activities?	Yes ☐	No ☐	
Have you had constant or unusual headaches?	Yes ☐	No ☐	
Have you felt drowsy or extremely tired?	Yes ☐	No ☐	
Have you felt dizzy or fainted?	Yes ☐	No ☐	
Have you had changes in mood or behavior, such as decreased sex drive, irritability, or forgetfulness?	Yes ☐	No ☐	
Have you felt cold?	Yes ☐	No ☐	
Have you gained or lost weight?	Yes ☐	No ☐	
Have you had hair loss?	Yes ☐	No ☐	
Has your voice gotten deeper?	Yes ☐	No ☐	
Have you noticed your skin or eyes are turning yellow?	Yes ☐	No ☐	
Are you urinating less often than usual?	Yes ☐	No ☐	
Is your urine bloody, dark, or tea-colored?	Yes ☐	No ☐	
Do you bleed or bruise more easily than normal?	Yes ☐	No ☐	
Do you have swelling in your ankles?	Yes ☐	No ☐	
Have you had severe or constant muscle or joint pain?	Yes ☐	No ☐	
Have you had severe muscle weakness?	Yes ☐	No ☐	
Have you had a rash?	Yes ☐	No ☐	
Have you had changes in your eyesight?	Yes ☐	No ☐	
Have you started taking any new medications (prescription, nonprescription, or herbal)? If yes, which and how often?	Yes ☐	No ☐	
PULMONARY			
Do you have a new cough or one that has worsened?	Yes ☐	No ☐	
Are you having chest pain?	Yes ☐	No ☐	
Are you having trouble breathing or shortness of breath?	Yes ☐	No ☐	
GASTROINTESTINAL			
Are you severely nauseous and/or vomiting?	Yes ☐	No ☐	
Do you have a loss of appetite or have you felt less hungry than usual?	Yes ☐	No ☐	
How many bowel movements are you having each day?			
• Is this different than normal? If yes, how?	Yes ☐	No ☐	
• Are your stools loose or watery, or do they have a foul smell?	Yes ☐	No ☐	
• Have you seen blood or mucus in your stools?	Yes ☐	No ☐	
• Are your stools dark, tarry, or sticky?	Yes ☐	No ☐	
Are you having painful bowel movements?	Yes ☐	No ☐	
Are you having pain or tenderness around your belly? If yes, where?	Yes ☐	No ☐	

Please see full Prescribing Information for Opdivo .

Report Adverse drug reaction to:
- Bristol Myers Squibb, Saudi Arabia:
  At: safety_saudiarabia@bms.com or call: +966 11 219 9780
- The National Pharmacovigilance and Drug Safety Center:
  At: https://ade.sfda.gov.sa/index.aspx email: npc.drug@sfda.gov.sa
  Toll Free Number: 8002490000

Bristol-Myers Squibb

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