PROTOCOL CODE: BRAVPGC

DOCTOR'S ORDERS

Ht_____**cm** **Wt**_____**kg** **BSA**_____**m²**

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: **To be given:** **Cycle #:**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff** day of treatment

On Day 1: may proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 100 x 10^9/L, creatinine less than or equal to 1.5 times the upper limit of normal *and* less than or equal to 1.5 times the baseline, ALT less than or equal to 3 times the upper limit of normal, total bilirubin less than or equal to 1.5 times the upper limit of normal**

On Day 8: may proceed with doses as written if within 48 h: **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 100 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

ondansetron 8 mg PO prior to treatment

dexamethasone ☐ **8 mg or** ☐ **12 mg (select one) PO prior to treatment**

For prior infusion reaction to pembrolizumab:
☐ **diphenhydrAMINE 50 mg** PO 30 minutes prior to pembrolizumab
☐ **acetaminophen 325 to 975 mg** PO 30 minutes prior to pembrolizumab
☐ **hydrocortisone 25 mg** IV 30 minutes prior to pembrolizumab
☐ Other:

****Have Hypersensitivity Reaction Tray & Protocol Available****

TREATMENT:

pembrolizumab 2 mg/kg x _____ **kg** = _____ mg **(Maximum dose = 200 mg)**
IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter **Day 1 only**

gemcitabine 1000 mg/m² x BSA = _____ mg
☐ Dose Modification: (_____%) = _____mg/m² x BSA = _____mg
IV in 250 mL NS over 30 minutes on **Day 1 and Day 8**

CARBOplatin AUC 2 x (GFR + 25) = _____ mg
☐ Dose Modification: (_____%) = _____mg
IV in 50 to 250 mL NS over 30 minutes **Day 1 and Day 8**

DOSE MODIFICATION FOR DAY 8

gemcitabine 1000 mg/m² x BSA = _____ mg
☐ Dose Modification: (_____%) = _____mg/m² x BSA = _____mg
IV in 250 mL NS over 30 minutes on **Day 8**

CARBOplatin AUC 2 x (GFR + 25) = _____ mg
☐ Dose Modification: (_____%) = _____mg
IV in 50 to 250 mL NS over 30 minutes on **Day 8**

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

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DOCTOR'S ORDERS

DATE:

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____. Book chemo Days 1 and 8. ☐ Last Cycle. Return in _____ week(s)	
CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, creatine kinase prior to Day 1 of each cycle **CBC & Diff, creatinine** prior to Day 8 If clinically indicated: ☐ **ECG** ☐ **Chest X-ray** ☐ **serum HCG or** ☐ **urine HCG** – required for woman of child bearing potential ☐ **Free T3 and free T4** ☐ **lipase** ☐ **morning serum cortisol** ☐ **glucose** ☐ **serum ACTH levels** ☐ **estradiol** ☐ **FSH** ☐ **LH** ☐ **troponin** ☐ **CA15-3** ☐ **Weekly nursing assessment** ☐ **Other consults** ☐ **See general orders sheet for additional requests.**	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**