

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: GOCXCPNP

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DOCTOR'S ORDERS	Htcm	Wt	kg BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE: To be g	jiven:		Cycle #:	
Date of Previous Cycle:				
☐ Delay treatment week(s)				
☐ CBC & Diff, Platelets day of treatment				
May proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 10°/L, Platelets greater than or equal to 100 x 10°/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 Dose modification for: Hematology Other Toxicity Proceed with treatment based on blood work from				
PREMEDICATIONS: Patient to take own	supply. RN/Phar	macist to cor	nfirm	
For prior pembrolizumab infusion reaction:				
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				
dexamethasone				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:



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DOCTOR'S ORDERS Page 2 of 2				
DATE: To be given: Cycle #:				
Have Hypersensitivity Reaction Tray and Protocol Available				
TREATMENT:				
pembrolizumab 2 mg/kg x kg = mg (max. 200 mg) IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter*				
PACLitaxel NAB (ABRAXANE) 260 mg/m² x BSA =mg				
☐ Dose Modification:% =mg				
IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; us filter*)	e tubing with 15 micron			
CARBOplatin AUC 5 x (GFR + 25) x = mg Dose Modification: % = mg IV in 100 to 250 mL NS over 30 minutes				
* use separate infusion line and filter for each drug				
RETURN APPOINTMENT ORDERS				
Return in three weeks for Doctor and Cycle Last Cycle. Return in three weeks for GOCXPB or GOCXPB6 (to continue pembrolizumab)				
CBC & Diff, Platelets, creatinine, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, TSH prior to each cycle.				
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 □ random glucose □ GGT □ total protein □ albumin □ creatine kinase □ serum ACTH levels □ testosterone □ estradiol □ FSH □ LH □ Weekly nursing assessment □ Other consults □ See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:	SIGNATURE:			
	UC:			