



Provincial Health Services Authority

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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: LUAVPCMB

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DATE:

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

CHEMOTHERAPY:

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 200 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 250 to 500 mL (use non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter*)

CARBOplatin AUC 5 or 6 (select one) x (GFR + 25) = _____ 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 _____ week(s)

CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each treatment

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 **testosterone** **estradiol** **FSH** **LH**

Weekly nursing assessment

Other consults

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: