



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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: LUAVPGPMB**

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<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s)					
<input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment					
May proceed with doses as written if within 24 hours <b>ANC greater than or equal to <math>1.0 \times 10^9/L</math>, Platelets greater than or equal to <math>100 \times 10^9/L</math>, Creatinine Clearance greater than or equal to 60 mL/minute (if using CISplatin), 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, bilirubin less than or equal to 1.5 times the upper limit of normal</b>					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____					
<b>Proceed with treatment based on blood work from</b> _____					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____					
<b>dexamethasone 8 mg or 12 mg</b> (circle one) PO 30 to 60 minutes prior to treatment on Day 1					
and <b>select ONE</b> of the following:					
<input type="checkbox"/>	<b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to treatment on Day 1				
<input type="checkbox"/>	<b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment on Day 1				
<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg</b> PO 30 to 60 minutes prior to treatment on Day 1				
<input type="checkbox"/>	<b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment on Day 1				
For prior infusion reaction to pembrolizumab:					
<input type="checkbox"/> <b>diphenhydrAMINE 50 mg</b> PO 30 minutes prior to treatment					
<input type="checkbox"/> <b>acetaminophen 325 to 975 mg</b> PO 30 minutes prior to treatment					
<input type="checkbox"/> <b>hydrocortisone 25 mg</b> IV 30 minutes prior to treatment					
<input type="checkbox"/> Other: _____					
<b>**Have Hypersensitivity Reaction Tray &amp; Protocol Available**</b>					
<b>HYDRATION:</b> 1000 mL NS over 1 hour prior to CISplatin					
Continued on page 2					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>



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<b>DATE:</b>	
<b>CHEMOTHERAPY:</b>	
<p><b>pembrolizumab 2 mg/kg</b> x _____ kg = _____ mg (max. 200 mg)</p> <p>IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter <b>Day 1</b></p> <p><b>gemcitabine 1250 mg/m<sup>2</sup> or 1000 mg/m<sup>2</sup> (circle one)</b> x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: ( _____ %) = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p>IV in 250 mL NS over 30 minutes on <b>Day 1 and Day 8</b></p> <p><b>CISplatin 75 mg/m<sup>2</sup>/day</b> x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p>IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and mannitol 30 g over 1 hour <b>Day 1</b></p> <p><b>OR</b></p> <p><b>CARBOplatin AUC 5 or 6 (circle one) x (GFR + 25)</b> = _____ mg IV in 100 to 250 mL NS over 30 minutes <b>Day 1</b></p> <p>(Reminder: if using CARBOplatin, must use gemcitabine 1000 mg/m<sup>2</sup>)</p>	
<b>DOSE MODIFICATION FOR DAY 8</b>	
<p><b>gemcitabine 1250 mg/m<sup>2</sup> or 1000 mg/m<sup>2</sup> (circle one)</b> x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: ( _____ %) = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p>IV in 250 mL NS over 30 minutes</p>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book chemo Day 1 and 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s)	
<p><b>CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH</b> prior to each treatment</p> <p><b>CBC &amp; Diff, Platelets, Creatinine</b> prior to Day 8</p> <p>If clinically indicated: <input type="checkbox"/> <b>ECG</b>   <input type="checkbox"/> <b>Chest X-ray</b></p> <p><input type="checkbox"/> <b>serum HCG</b> or <input type="checkbox"/> <b>urine HCG</b> – required for woman of child bearing potential</p> <p><input type="checkbox"/> <b>Free T3 and free T4</b>   <input type="checkbox"/> <b>lipase</b>   <input type="checkbox"/> <b>morning serum cortisol</b>   <input type="checkbox"/> <b>Glucose</b></p> <p><input type="checkbox"/> <b>serum ACTH levels</b>   <input type="checkbox"/> <b>testosterone</b>   <input type="checkbox"/> <b>estradiol</b>   <input type="checkbox"/> <b>FSH</b>   <input type="checkbox"/> <b>LH</b></p> <p><input type="checkbox"/> <b>Weekly nursing assessment</b></p> <p><input type="checkbox"/> <b>Other consults</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests.</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>