



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

PROTOCOL CODE: LUAVPMBM6

Page 1 of 1

DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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)

May proceed with doses as written if within 96 hours **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**, 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.**

Proceed with treatment based on blood work from \_\_\_\_\_

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

For prior infusion reaction:

- diphenhydrAMINE 50 mg** PO 30 minutes prior to treatment
- acetaminophen 325 to 975 mg** PO 30 minutes prior to treatment
- hydrocortisone 25 mg** IV 30 minutes prior to treatment

CHEMOTHERAPY:

**pembrolizumab 4 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg (max. 400 mg) every 6 weeks**

IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter

**RETURN APPOINTMENT ORDERS**

- Return in **six 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**
  - serum ACTH levels**  **testosterone**  **estradiol**  **FSH**  **LH**  **Glucose**
  - Weekly nursing assessment**
  - Other consults:**
  - See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: