



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: SMAVFIPI**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form			
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle # _____ of 4</b>	
Date of Previous Cycle: _____			
<input type="checkbox"/> Delay treatment _____ week(s) for: <input type="checkbox"/> Hepatotoxicity <input type="checkbox"/> Other Toxicity: _____			
May proceed with doses as written if within <b>96</b> hours <b>AST or ALT less than or equal to 2.5</b> times the upper limit of normal, total bilirubin <b>less than or equal to 1.5</b> times the upper limit of normal			
Proceed with treatment based on blood work from _____			
<b>TREATMENT:</b>			
ipilimumab 3 mg/kg x _____ kg = _____ mg			
IV in 50 to 250 mL NS over 30 minutes using a 0.2 micron in-line filter.			
<b>RETURN APPOINTMENT ORDERS</b>			
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle # _____			
<input type="checkbox"/> Last Treatment. Return in _____ week(s)			
CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, <b>creatinine kinase</b> prior to each treatment.			
During treatment: weekly telephone nursing assessment			
After treatment: every _____ weekly telephone nursing assessment for _____ weeks			
If clinically indicated:			
<input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of child bearing potential			
<input type="checkbox"/> Free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> glucose			
<input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> ECG			
<input type="checkbox"/> troponin			
<input type="checkbox"/> Other Tests:			
<input type="checkbox"/> Consults:			
<input type="checkbox"/> See general orders sheet for additional requests.			
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>	
		<b>UC:</b>	