



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**

<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"/> <b>Hepatotoxicity</b> <input type="checkbox"/> <b>Other Toxicity:</b> _____			
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, <b>total bilirubin less than or equal to 1.5</b> times the upper limit of normal			
<b>Proceed with treatment based on blood work from</b> _____			
<b>TREATMENT:</b>			
ipilimumab 3 mg/kg x _____ kg = _____ mg IV in 50 to 250 mL NS over 1 hour 30 minutes using a 0.2 micron in-line filter.* * if no infusion reactions after 2 treatments, may infuse subsequent doses over 30 minutes			
<b>RETURN APPOINTMENT ORDERS</b>			
<input type="checkbox"/> Return in three weeks for Doctor and <b>Cycle # _____</b>			
<input type="checkbox"/> Last Treatment. Return in _____ week(s)			
<b>CBC, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH</b> prior to each treatment.  <b>During treatment: weekly telephone nursing assessment</b> <b>After treatment: every _____ weekly telephone nursing assessment for _____ weeks</b>			
<input type="checkbox"/> serum cortisol <input type="checkbox"/> amylase <input type="checkbox"/> lipase <input type="checkbox"/> <b>Other Tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>			
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>	
		<b>UC:</b>	