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 and according to acceptable standards of care.

PROTOCOL CODE: USMAVFPI

A BC Cancer "Compassionate Access Program" request must be completed and approved prior to treatment.

DOCTOR’S ORDERS

Ht________ cm Wt________ kg

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: To be given: Cycle # ______ of 4

Date of Previous Cycle:

☐ Delay treatment ______ week(s) for:
  ☐ Hepatotoxicity ☐ Other Toxicity: ________________________________

May proceed with doses as written if within 96 hours AST or ALT less than or equal to 2.5 times the upper limit of normal, total bilirubin less than or equal to 1.5 times the upper limit of normal

Proceed with treatment based on blood work from ________________________________

Have Hypersensitivity Reaction Tray and Protocol Available.

TREATMENT:

ipilimumab 3 mg/kg x _________ kg = __________ mg
  IV in 100 mL NS over 1 hour 30 minutes using a 0.20 or 0.22 micron in-line filter.*
  * if no infusion reactions after 2 treatments, may infuse subsequent doses over 30 minutes

RETURN APPOINTMENT ORDERS

☐ Return in three weeks for Doctor and Cycle # ______
☐ Last Treatment. Return in _________ week(s)

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

During treatment: weekly telephone nursing assessment
  After treatment: every ______ weekly telephone nursing assessment for ______ weeks
  ☐ serum cortisol ☐ amylase ☐ lipase

☐ Other Tests:
☐ Consults:
☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE: ____________________________

SIGNATURE: ____________________________

UC: __________

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