



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 and according to acceptable standards of care.

PROTOCOL CODE: HNAVPCPMB

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DATE:	
Have Hypersensitivity Reaction Tray & Protocol Available	
CHEMOTHERAPY:	
<p>pembrolizumab 2 mg/kg x _____ kg = _____ mg (max. 200 mg) IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter*</p>	
<p>PACLitaxel 175 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg IV in 250 to 500 mL (use non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter*)</p>	
<p>CARBOplatin AUC <input type="checkbox"/> 5 or <input type="checkbox"/> 6 (select one) x (GFR + 25) = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg IV in 100 to 250 mL NS over 30 minutes</p>	
* use separate infusion line and filter for each drug	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. <input type="checkbox"/> Last Cycle. Return in _____ week(s)	
<p>CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each treatment</p> <p>If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> Chest X-ray</p> <p><input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of child bearing potential</p> <p><input type="checkbox"/> Free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> Glucose</p> <p><input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH</p> <p><input type="checkbox"/> Weekly nursing assessment</p> <p><input type="checkbox"/> Other consults</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: