

PROTOCOL CODE: BRAVPPN

(Page 1 of 4)

DOCTOR'S ORDERS			Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
DATE:	To be given:	Cycle #:			
Date of Previous Cycle:					
<input type="checkbox"/> Delay Treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment					
May proceed with doses as written if within 96 hours ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$, ALT less than or equal to 3 times the upper limit of normal, total 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.					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____					
Proceed with treatment based on blood work from _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.					
For prior infusion reaction:					
<input type="checkbox"/> diphenhydrAMINE 50 mg PO 30 minutes prior to treatment <input type="checkbox"/> acetaminophen 325 to 975 mg PO 30 minutes prior to treatment <input type="checkbox"/> hydrocortisone 25 mg IV 30 minutes prior to treatment <input type="checkbox"/> Other:					
TREATMENT:					
pembrolizumab 2 mg/kg x _____ kg = _____ mg (maximum dose = 200 mg) IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter*					
Pharmacist to select dose band per last pages of PPO. Complete table below (please print)					
Drug	Dose Band (mg)	Pharmacist Initial and Date			
pembrolizumab					
PACLitaxel NAB 260 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter*)					
* Use separate infusion line and filter for each drug					
Pharmacist to select dose band per last page of PPO. Complete table below (please print)					
Drug	Dose Band (mg)	Pharmacist Initial and Date			
PACLitaxel NAB					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:

PROTOCOL CODE: BRAVPPN

(Page 2 of 4)

DATE:	
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 & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, creatine kinase 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 childbearing potential</p> <p><input type="checkbox"/> free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol</p> <p><input type="checkbox"/> troponin <input type="checkbox"/> GGT <input type="checkbox"/> urea <input type="checkbox"/> random glucose <input type="checkbox"/> CA15-3</p> <p><input type="checkbox"/> serum ACTH levels <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH</p> <p><input type="checkbox"/> Weekly nursing assessment for (specify concern): _____</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:

PROTOCOL CODE: BRAVPPN

(Page 3 of 4)

PEMBROLIZUMAB DOSE BANDING TABLE (2 mg/kg capped 200 mg)

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 70		Pharmacy prepares specific dose
70	80.49	75
80.5	92.49	85
92.5	110.49	100
110.5	137.49	125
137.5	162.49	150
162.5	187.49	175
187.5	200	200

PROTOCOL CODE: BRAVPPN

(Page 4 of 4)

PACLitaxel NAB DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 96		Pharmacy prepares specific dose
96	104.49	100
104.5	108.49	105
108.5	115.49	110
115.5	125.49	120
125.5	135.49	130
135.5	145.49	140
145.5	155.49	150
155.5	165.49	160
165.5	177.49	170
177.5	190.49	185
190.5	210.49	200
210.5	230.49	220
230.5	250.49	240
250.5	270.49	260
270.5	286.49	275
286.5	314.49	300
314.5	329.49	315
329.5	344.49	330
344.5	362.49	345
362.5	388.49	370
388.5	419.49	400
419.5	439.49	420
439.5	459.49	440
459.5	479.49	460
479.5	499.49	480
499.5	524.49	500
524.5	566.49	540
566.5	596.49	580
596.5	630.49	600
630.5	683.49	650
More than 683.49		Pharmacy prepares specific dose