



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 and according to acceptable standards of care

PROTOCOL CODE: GOCXBP6

DOCTOR'S ORDERS		Wt _____ kg								
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) May proceed with Day 1 doses as written if within 96 hours 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, 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, and, if using bevacizumab, if within 96 hours BP less than or equal to 150/100, and Day 1 and Day 22 urine dipstick for protein negative or 1+										
Dose modification for: <input type="checkbox"/> Hematology _____ <input type="checkbox"/> Toxicity _____										
PREMEDICATIONS: Not usually required. If ordered, patient to take own supply. RN/Pharmacist to confirm _____ For prior pembrolizumab 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										
TREATMENT: pembrolizumab 4 mg/kg x _____ kg = _____ mg (maximum 400 mg) on Day 1 only IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter Pharmacist to select dose band per last page of PPO. Complete table below (please print)										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Drug</th> <th style="width: 40%;">Dose Band (mg)</th> <th style="width: 40%;">Pharmacist Initial and Date</th> </tr> </thead> <tbody> <tr> <td>pembrolizumab</td> <td></td> <td></td> </tr> </tbody> </table>	Drug	Dose Band (mg)	Pharmacist Initial and Date	pembrolizumab						
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If using bevacizumab: <input type="checkbox"/> bevacizumab 15 mg/kg x _____ kg = _____ mg IV in 100 to 250 mL NS over 30 minutes on Days 1 and 22. (Blood pressure measurement prior to bevacizumab) Pharmacist to select brand per Provincial Systemic Therapy Policy III-190 and dose band per last page of PPO. Complete table below (please print)										
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DOCTOR'S SIGNATURE:		SIGNATURE:								
		UC:								



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DATE:	
RETURN APPOINTMENT ORDERS	
<p>Return in six weeks for Doctor and Cycle _____. Book treatment on Days 1 and 22.</p> <p><input type="checkbox"/> Last cycle. Return in _____ week(s).</p>	
<p>CBC & Diff, creatinine, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, TSH prior to Day 1, each cycle</p> <p>If patient on bevacizumab: Dipstick Urine or laboratory urinalysis for protein prior to each bevacizumab treatment</p> <p><input type="checkbox"/> 24-hour urine for total protein within 3 days prior to next bevacizumab dose if 2+ or 3+ dipstick or greater than or equal to 1 g/L laboratory urinalysis for protein</p> <p><input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to next cycle</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"/> random glucose <input type="checkbox"/> GGT <input type="checkbox"/> total protein <input type="checkbox"/> albumin</p> <p><input type="checkbox"/> troponin <input type="checkbox"/> creatine kinase <input type="checkbox"/> serum ACTH levels</p> <p><input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH</p> <p><input type="checkbox"/> CA 19-9 <input type="checkbox"/> CA125 <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CEA <input type="checkbox"/> SCC</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:

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PEMBROLIZUMAB DOSE BANDING TABLE (4 mg/kg capped 400 mg)

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 137.5		Pharmacy prepares specific dose
137.5	162.49	150
162.5	187.49	175
187.5	221.49	200
221.5	242.49	225
242.5	264.49	250
264.5	284.49	275
284.5	332.49	300
332.5	374.49	350
374.5	400	400

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Bevacizumab Dose Banding Table

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 188		Pharmacy prepares specific dose
188	221.49	200
221.5	236.49	225
236.5	260.49	250
260.5	286.49	275
286.5	332.49	300
332.5	387.49	350
387.5	443.49	400
443.5	474.49	450
474.5	554.49	500
554.5	665.49	600
665.5	776.49	700
776.5	887.49	800
887.5	999.49	900
999.5	1099.49	1000
1099.5	1199.49	1100
1199.5	1299.49	1200
1299.5	1399.49	1300
1399.5	1499.49	1400
1499.5	1599.49	1500
1599.5	1699.49	1600
1699.5	1799.49	1700
1799.5	1899.49	1800
1899.5	1999.49	1900
1999.5	2099.49	2000
2099.5	2199.49	2100
2199.5	2299.49	2200
2299.5	2399.49	2300
More than 2399.49		Pharmacy prepares specific dose