



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: GOCXBP**

**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: \_\_\_\_\_

Delay treatment \_\_\_\_\_ week(s)

May proceed with 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 urine dipstick for protein negative or 1+**

Dose modification for:  Hematology \_\_\_\_\_  Toxicity \_\_\_\_\_

**PREMEDICATIONS:** Not usually required.

If ordered, patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_

For prior pembrolizumab infusion reaction:

- diphenhydramine 50 mg** PO 30 minutes prior to treatment
- acetaminophen 325 to 975 mg** PO 30 minutes prior to treatment
- hydrocortisone 25 mg** IV 30 minutes prior to treatment

**TREATMENT:**

**pembrolizumab 2 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg (**maximum 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 page of PPO. Complete table below (please print)**

Drug	Dose Band (mg)	Pharmacist Initial and Date
pembrolizumab		

If using bevacizumab:

**bevacizumab 15 mg/kg** x \_\_\_\_\_ kg = \_\_\_\_\_ mg  
IV in 100 to 250 mL NS over 30 minutes.

(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)**

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
bevacizumab			

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<p>Return in <b>three</b> weeks for Doctor and Cycle _____.</p> <p><input type="checkbox"/> <b>Last cycle.</b> Return in _____ week(s).</p>	
<p><b>CBC &amp; Diff, creatinine, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, TSH</b> prior to each cycle</p> <p>If patient on bevacizumab:  <b>Dipstick Urine or laboratory urinalysis for protein</b> prior to each bevacizumab treatment</p> <p><input type="checkbox"/> <b>24-hour urine for total protein</b> 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"/> <b>INR</b> weekly    <input type="checkbox"/> <b>INR</b> prior to next cycle</p> <p>If clinically indicated: <input type="checkbox"/> <b>ECG</b>    <input type="checkbox"/> <b>chest x-ray</b></p> <p><input type="checkbox"/> <b>serum HCG</b> or <input type="checkbox"/> <b>urine HCG</b> – required for woman of childbearing potential</p> <p><input type="checkbox"/> <b>free T3 and free T4</b>    <input type="checkbox"/> <b>lipase</b>    <input type="checkbox"/> <b>morning serum cortisol</b></p> <p><input type="checkbox"/> <b>random glucose</b>    <input type="checkbox"/> <b>GGT</b>    <input type="checkbox"/> <b>total protein</b>    <input type="checkbox"/> <b>albumin</b></p> <p><input type="checkbox"/> <b>troponin</b>    <input type="checkbox"/> <b>creatine kinase</b>    <input type="checkbox"/> <b>serum ACTH levels</b></p> <p><input type="checkbox"/> <b>testosterone</b>    <input type="checkbox"/> <b>estradiol</b>    <input type="checkbox"/> <b>FSH</b>    <input type="checkbox"/> <b>LH</b></p> <p><input type="checkbox"/> <b>CA 19-9</b>    <input type="checkbox"/> <b>CA125</b>    <input type="checkbox"/> <b>CA 15-3</b>    <input type="checkbox"/> <b>CEA</b>    <input type="checkbox"/> <b>SCC</b></p> <p><input type="checkbox"/> <b>Weekly nursing assessment for (specify concern):</b> _____</p> <p><input type="checkbox"/> <b>Other consults</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests.</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>

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**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	<b>75</b>
80.5	92.49	<b>85</b>
92.5	110.49	<b>100</b>
110.5	137.49	<b>125</b>
137.5	162.49	<b>150</b>
162.5	187.49	<b>175</b>
187.5	200	<b>200</b>

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**Bevacizumab Dose Banding Table**

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