

PROTOCOL CODE: GOCXCPNP

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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)

CBC & Diff day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, 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****

Dose modification for: **Hematology** **Other Toxicity** _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

For prior pembrolizumab infusion reaction:

diphenhydramine 50 mg PO 30 minutes prior to pembrolizumab

acetaminophen 325 to 975 mg PO 30 minutes prior to pembrolizumab

hydrocortisone 25 mg IV 30 minutes prior to pembrolizumab

dexamethasone **8 mg** or **12 mg** (select one) PO 30 to 60 minutes prior to CARBOplatin

AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin

If additional antiemetic required:

OLANzapine **2.5 mg** or **5 mg** or **10 mg** (select one) PO 30 to 60 minutes prior to CARBOplatin

Other:

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DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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****Have Hypersensitivity Reaction Tray and Protocol Available****

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		

PACLitaxel NAB 260 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² = _____ mg

IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with **15** micron filter*)

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		

CARBOplatin AUC 5 x (GFR + 25) x = _____ mg

Dose Modification: _____ % = _____ mg

IV in 100 to 250 mL NS over 30 minutes

* use separate infusion line and filter for each drug

RETURN APPOINTMENT ORDERS

- Return in **three** weeks for Doctor and Cycle _____
- Last Cycle. Return in three weeks for GOCXBP or GOCXBP6 (to continue pembrolizumab)

CBC & Diff, creatinine, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, TSH prior to each cycle.

If clinically indicated: **ECG** **chest x-ray**

- serum HCG** or **urine HCG** – required for woman of childbearing potential
- free T3** and **free T4** **lipase** **morning serum cortisol** **random glucose**
- GGT** **creatinine kinase** **troponin** **magnesium** **calcium**
- serum ACTH** levels **testosterone** **estradiol** **FSH** **LH**
- CA 125** **CA 15-3** **CA 19-9** **CEA** **SCC**
- Weekly nursing assessment for (specify concern):** _____
- Other consults**
- See general orders sheet for additional requests.**

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SIGNATURE:

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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	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

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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