

**PROTOCOL CODE: GOCXPENMCR**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment				
May proceed with CISplatin as written if within 48 hours <b>ANC greater than or equal to 0.8 x 10<sup>9</sup>/L</b> , platelets <b>greater than or equal to 80 x 10<sup>9</sup>/L</b> , and creatinine clearance <b>greater than or equal to 50 mL/minute</b> .				
May proceed with pembrolizumab as written if within 96 hours creatinine <b>less than or equal to 1.5 times the upper limit of normal</b> and <b>less than or equal to 1.5 times the baseline</b> , <b>ALT less than or equal to 3 times the upper limit of normal</b> , <b>total bilirubin less than or equal to 1.5 times the upper limit of normal</b> .				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.				
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to CISplatin				
AND select <b>ONE</b> of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin		
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin and ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin		
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CISplatin		
<b>If additional antiemetic required:</b>				
<input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to CISplatin				
<input type="checkbox"/> Other:				
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				
<b>OPTIONAL PRE HYDRATION:</b>				
<input type="checkbox"/> 1000 mL D5W-1/2NS with potassium chloride 20 mEq and magnesium sulfate 2 g IV over 2 hours prior to CISplatin				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>

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**DATE:**

**TREATMENT:**

**Cycle 1:**

**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 on **Day 1**

**Pharmacist** to select **dose band** per last page of PPO. Complete table below (please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
pembrolizumab		

**CISplatin 40 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 500 mL NS with mannitol 30 g and magnesium sulfate 2 g over 60 minutes on **Days 1, 8 and 15**

**Cycle 2:**

**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 on **Day 1**

**Pharmacist** to select **dose band** per last page of PPO. Complete table below (please print)

Drug	Dose Band (mg)	Pharmacist Initial and Date
pembrolizumab		

**CISplatin 40 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 500 mL NS with mannitol 30 g and magnesium sulfate 2 g over 60 minutes on **Days 1 and 8**

**CISplatin 40 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 500 mL NS with mannitol 30 g and magnesium sulfate 2 g over 60 minutes on **Day 15 (optional additional dose)**

**Cycle 3 to 5:**

**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		

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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<b>DATE:</b>							
<b>TREATMENT: continued</b>							
<input type="checkbox"/> <b>Cycles 6 to 20:</b> <b>pembrolizumab 4 mg/kg x _____ kg = _____ mg (maximum 400 mg)</b> IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter <b>Pharmacist to select dose band per last page of PPO. Complete table below (please print)</b>							
<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		
Drug	Dose Band (mg)	Pharmacist Initial and Date					
pembrolizumab							
<b>RETURN APPOINTMENT ORDERS</b>							
<input type="checkbox"/> Return in 3 week(s) for Doctor and Cycle # _____ (if Cycles 1 to 5) If this is Cycle 1: Book chemo on Days 1, 8, 15 If this is Cycle 2: <input type="checkbox"/> Book chemo on Days 1 and 8 <b>OR</b> <input type="checkbox"/> Book chemo on Days 1, 8 and 15 <b>Clerks</b> take note of optional pre-hydration orders for Cycles 1 and 2. <input type="checkbox"/> Return in 3 week(s) for Doctor and Cycle 6 <input type="checkbox"/> Return in 6 week(s) for Doctor and Cycle # _____ (if Cycles 7 to 20) <input type="checkbox"/> Last Cycle. Return in _____ week(s).							
<b>Cycle 1, prior to Day 8 and 15:</b> CBC & Diff, creatinine  <b>Cycle 2:</b> <b>Prior to Day 1:</b> CBC & Diff, creatinine, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, TSH <b>Prior to Day 8:</b> CBC & Diff, creatinine <input type="checkbox"/> <b>Prior to Day 15:</b> CBC & Diff, creatinine  <b>Cycles 3 to 20, prior to each cycle:</b> CBC & Diff, creatinine, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, TSH  If clinically indicated: <input type="checkbox"/> <b>ECG</b> <input type="checkbox"/> <b>chest x-ray</b> <input type="checkbox"/> <b>CA125</b> <input type="checkbox"/> <b>CA 19-9</b> <input type="checkbox"/> <b>CA 15-3</b> <input type="checkbox"/> <b>CEA</b> <input type="checkbox"/> <b>SCC</b> <input type="checkbox"/> <b>magnesium</b> <input type="checkbox"/> <b>sodium</b> <input type="checkbox"/> <b>potassium</b> <input type="checkbox"/> <b>calcium</b> <input type="checkbox"/> <b>free T3 and free T4</b> <input type="checkbox"/> <b>lipase</b> <input type="checkbox"/> <b>morning serum cortisol</b> <input type="checkbox"/> <b>random glucose</b> <input type="checkbox"/> <b>GGT</b> <input type="checkbox"/> <b>troponin</b> <input type="checkbox"/> <b>creatine kinase</b> <input type="checkbox"/> <b>serum ACTH levels</b> <input type="checkbox"/> <b>testosterone</b> <input type="checkbox"/> <b>estradiol</b> <input type="checkbox"/> <b>FSH</b> <input type="checkbox"/> <b>LH</b> <input type="checkbox"/> <b>serum HCG</b> or <input type="checkbox"/> <b>urine HCG</b> – required for woman of child-bearing potential <input type="checkbox"/> <b>Weekly nursing assessment for (specify concern):</b> _____ <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>							
<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>

**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	<b>150</b>
162.5	187.49	<b>175</b>
187.5	221.49	<b>200</b>
221.5	242.49	<b>225</b>
242.5	264.49	<b>250</b>
264.5	284.49	<b>275</b>
284.5	332.49	<b>300</b>
332.5	374.49	<b>350</b>
374.5	400	<b>400</b>