PROTOCOL CODE: HNAJALPCRT

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:

☐ Delay treatment _____ week(s)
☐ Day of treatment: **CBC & Diff, creatinine**

May proceed with CARBOplatin as written, if within 48 hours **ANC greater than or equal to 1.0 x 10^9/L** and **platelets greater than or equal to 100 x 10^9/L.**

May proceed with pembrolizumab 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.**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____
Proceed with treatment based on blood work from _____

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

ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin
dexamethasone 8 mg PO 30 to 60 minutes prior to CARBOplatin
☐ **Other:**

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

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

TREATMENT:

☐ **Cycles 1 to 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		

CARBOplatin AUC 2 x (GFR + 25) =_____ mg IV in 100 to 250 mL NS over 30 minutes on **Days 1, 8 and 15**

DOCTOR'S SIGNATURE: **SIGNATURE:**

UC:

DATE:

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

TREATMENT: continued

☐ **Cycle 3:**

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		

If radiation therapy scheduled for longer than 6 weeks:

☐ **CARBOplatin AUC 2 x (GFR + 25)** =_____ mg IV in 100 to 250 mL NS over 30 minutes **on Day 1**

☐ **Cycle 4 and onwards:**

pembrolizumab 2 mg/kg x _____ kg = _____ mg **(maximum 200 mg) every 3 weeks**
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		

OR

pembrolizumab 4 mg/kg x _____ kg = _____ mg (max. 400 mg) every 6 weeks
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:

DATE:	
RETURN APPOINTMENT ORDERS	
Cycles 1 and 2: Cycle 1: Book treatment on Days 1, 8 and 15. Return in **two** weeks for Doctor and toxicity assessment (before Day 15 of Cycles 1 and 2) ☐ Return in **three** weeks for Doctor and Cycle 2. Book treatment on Days 1, 8 and 15. ☐ Return in **three** weeks for Doctor and Cycle 3. Book treatment on Day 1. ☐ Cycle 3: return in **three** weeks for Doctor and Cycle 4. Book treatment on Day 1. ☐ Cycle 4 onward: return in **three** weeks for Doctor and Cycle_____. Book treatment on Day 1. ☐ Cycle 4 onward: return in **six** weeks for Doctor and Cycle_____. Book treatment on Day 1. ☐ Last Cycle. Return in _____ week(s).	
Cycles 1 to 2: Prior to Day 1: **CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, calcium, albumin, magnesium, phosphate, TSH** Prior to Days 8 and 15: **CBC & Diff, creatinine, sodium, potassium, magnesium, calcium, phosphate, albumin** Prior to Cycle 3: **CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, calcium, albumin, magnesium, phosphate, TSH** Prior to Cycle 4 and onwards: **CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH** 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** ☐ **serum ACTH levels** ☐ **testosterone** ☐ **estradiol** ☐ **FSH** ☐ **LH** ☐ **Weekly nursing assessment** for (specify concern): _____ ☐ Other: ☐ Consults: ☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

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**

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**