



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: HNAJALPRT

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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:					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, creatinine day of treatment					
May proceed with CISplatin as written if within 48 hours ANC greater than or equal to 0.8 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, creatinine clearance greater than or equal to 50 mL/minute.					
May proceed with pembrolizumab as written if within 96 hours 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, creatinine less than or equal to 1.5 times the upper limit of normal and less than or equal to 1.5 times baseline					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____					
PREMEDICATIONS: 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 ONE 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			
	<input type="checkbox"/>	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 treatment			
If additional antiemetic required:					
<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					
PRE HYDRATION:					
1000 mL NS with potassium chloride 20 mmol and magnesium sulphate 2 g IV over 60 minutes prior to CISplatin					
TREATMENT:					
<input type="checkbox"/> Cycles 1 to 2:					
pembrolizumab 2 mg/kg x _____ kg = _____ mg (max. 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/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 500 mL NS over 30 to 60 minutes on Days 1, 8 and 15					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:



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DATE:

TREATMENT: continued

Cycle 3:

pembrolizumab 2 mg/kg x _____ kg = _____ mg (**max. 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:

CISplatin 40 mg/m² x BSA = _____ mg
 Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg
IV in 100 to 500 mL NS over 30 to 60 minutes on **Day 1**

Cycle 4 and onwards:

pembrolizumab 2 mg/kg x _____ kg = _____ mg (**max. 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 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		

DOCTOR'S SIGNATURE:

SIGNATURE:
UC:



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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 Cycle 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 and 2:

Prior to Day 1: **CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, calcium, albumin, magnesium, TSH**

Prior to Days 8 and 15: **CBC & Diff, creatinine, sodium, potassium, calcium, albumin, magnesium**

Prior to Cycle 3: **CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, calcium, albumin, magnesium, 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:

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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

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