



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: HNAJPMBCRT

<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"/> Day of treatment: <b>CBC &amp; Diff, creatinine</b>										
May proceed with CARBOplatin as written, if within 96 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L</b> and <b>platelets greater than or equal to 100 x 10<sup>9</sup>/L</b> .										
May proceed with pembrolizumab as written if within 96 hours <b>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.</b>										
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ <b>Proceed with treatment based on blood work from _____</b>										
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>dexamethasone</b> <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) 30 to 60 minutes prior to CARBOplatin										
AND select <b>ONE</b> of the following:	<input type="checkbox"/> <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to CARBOplatin <input type="checkbox"/> <b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to CARBOplatin, and <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to CARBOplatin <input type="checkbox"/> <b>netupitant-palonosetron 300 mg-0.5 mg</b> PO 30 to 60 minutes prior to CARBOplatin									
If additional antiemetic required: <input type="checkbox"/> <b>OLANzapine</b> <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 CARBOplatin <input type="checkbox"/> <b>Other:</b>										
For prior pembrolizumab infusion reaction: <input type="checkbox"/> <b>diphenhydrAMINE 50 mg</b> PO 30 minutes prior to treatment <input type="checkbox"/> <b>acetaminophen 325 to 975 mg</b> PO 30 minutes prior to treatment <input type="checkbox"/> <b>hydrocortisone 25 mg</b> IV 30 minutes prior to treatment										
<b>** Have Hypersensitivity Reaction Tray and Protocol Available**</b>										
<b>TREATMENT:</b>										
<input type="checkbox"/> <b>Cycles 1 to 2:</b>										
<b>pembrolizumab 2 mg/kg</b> x _____ kg = _____ mg ( <b>maximum 200 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="padding: 5px;">Drug</th> <th style="padding: 5px;">Dose Band (mg)</th> <th style="padding: 5px;">Pharmacist Initial and Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">pembrolizumab</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table>	Drug	Dose Band (mg)	Pharmacist Initial and Date	pembrolizumab						
Drug	Dose Band (mg)	Pharmacist Initial and Date								
pembrolizumab										
<b>CARBOplatin AUC 5 x (GFR + 25) = _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ mg IV in 100 to 250 mL NS over 30 minutes										
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>						
				<b>UC:</b>						



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**DATE:**

**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

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 6.5 weeks:**

**CARBOplatin AUC 5 x (GFR + 25)** = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

IV in 100 to 250 mL NS over 30 minutes

**Cycle 4 and onward:**

**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

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:**



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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. <input type="checkbox"/> Return in <b>six</b> weeks for Doctor and Cycle _____. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p>Prior to Cycles 2 and 3: <b>CBC &amp; Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, calcium, albumin, magnesium, TSH</b></p> <p>Prior to Cycle 4 and onwards: <b>CBC &amp; Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH</b></p> <p>If clinically indicated:</p> <input type="checkbox"/> <b>ECG</b> <input type="checkbox"/> <b>chest x-ray</b> <input type="checkbox"/> <b>serum HCG</b> or <input type="checkbox"/> <b>urine HCG</b> – required for woman of childbearing potential <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>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>Weekly nursing assessment</b> for (specify concern): _____ <input type="checkbox"/> Other: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
<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>