



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: HNAJPMBPRT (Short Hydration - Cycle 3)

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)
- Prior to each cycle: **CBC & Diff, creatinine, sodium, potassium, calcium, albumin, magnesium**

May proceed with CISplatin as written if within 96 hours **ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$, creatinine clearance greater than or equal to 60 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: Hematology Other Toxicity _____
Proceed with treatment based on blood work from _____

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

dexamethasone 12 mg PO/IV 30 to 60 minutes prior to CISplatin

AND select ONE of the following:	<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

If additional antiemetic required:

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

TREATMENT:

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

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

Drug	Dose Band (mg)	Pharmacist Initial and Date
pembrolizumab		

Pre-hydration prior to CISplatin:

D5W-1/2NS 1000 mL with potassium chloride 20 mmol plus magnesium sulfate 2 g over 60 minutes

CISplatin $100 \text{ mg/m}^2 \times \text{BSA} = \text{_____ mg}$

- Dose Modification: _____% = _____ $\text{mg/m}^2 \times \text{BSA} = \text{_____ mg}$
- IV in NS 1000 mL with mannitol 30 g and potassium chloride 10 mmol over 2 hours.

Post-hydration:

D5W-1/2NS 1000 mL with potassium chloride 20 mmol plus magnesium sulfate 2 g at 500 mL/h for 2 hours.
May be administered in host hospital to ensure adequate hydration.

DOCTOR'S SIGNATURE: _____

SIGNATURE: _____

UC: _____



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: HNAJPMBPRT (Short Hydration - Cycle 3)

DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____.	
Prior to next cycle: CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, calcium, albumin, magnesium, TSH	
If clinically indicated:	
<input type="checkbox"/> ECG <input type="checkbox"/> chest X-ray	
<input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of childbearing potential	
<input type="checkbox"/> free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> random glucose	
<input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH	
<input type="checkbox"/> Weekly nursing assessment for (specify concern): _____	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:



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: HNAJPMBPRT (Short Hydration - Cycle 3)

Page 3 of 3

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