PROTOCOL CODE: HNAJPMBPRT
(Short Hydration Cycles 1 and 2)

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)
☐ 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 x 10^9/L, platelets greater than or equal to 100 x 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:	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to CISplatin and **ondansetron 8 mg** PO 30 to 60 minutes prior to CISplatin
	☐	**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 mg/m^2 x BSA = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ 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:**

PROTOCOL CODE: HNAJPMBPRT
(Short Hydration Cycles 1 and 2)

DATE:	
RETURN APPOINTMENT ORDERS	
☐ Return in **three** weeks for Doctor and Cycle _____.	
Prior to next treatment: **CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, calcium, albumin, magnesium, 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**