



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: HNAJPMB

DOCTOR'S ORDERS			Wt _____ kg
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)			
May proceed with doses 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 the baseline. Proceed with treatment based on blood work from _____			
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.			
For prior 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			
TREATMENT:			
<input type="checkbox"/> Cycles 1 to 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			
<input type="checkbox"/> Cycle 4 and onward:			
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 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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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ <input type="checkbox"/> Return in six weeks for Doctor and Cycle _____ <input type="checkbox"/> Last cycle. Return in _____ week(s)	
CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each treatment 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"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> random glucose <input type="checkbox"/> Weekly nursing assessment for (specify concern): _____ <input type="checkbox"/> Other consults: <input type="checkbox"/> 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