

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: LUAVPGPMB

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DOCTOR'S ORDERS Htcm Wt	_kg BSAm²	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE: To be given: Cyc	cle #:	
Date of Previous Cycle:		
☐ Delay treatment week(s)		
☐ CBC & Diff, Platelets day of treatment		
May proceed with doses as written if within 24 hours ANC greater than or equal to 1.0 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 (if using ClSplatin), 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, bilirubin less than or equal to 1.5 times the upper limit of normal		
Dose modification for:		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm		
dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment on Day 1		
AND select ONE of the aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1		
following: netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1		
ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1		
If additional antiemetic required: OLANZapine 2.5 mg or 5 mg or 10 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1		
For prior infusion reaction to pembrolizumab: 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		
☐ Other:		
Have Hypersensitivity Reaction Tray & Protocol Available		
HYDRATION: 1000 mL NS over 1 hour prior to CISplatin		
Continued on page 2		
DOCTOR'S SIGNATURE:	SIGNATURE:	
	uc:	



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DATE:		
CHEMOTHERAPY:		
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 Day 1		
gemcitabine 1250 mg/m² or 1000 mg/m² (circle one) x BSA = mg Dose Modification: (%) = mg/m² x BSA = mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8 CISplatin 75 mg/m²/day x BSA = mg Dose Modification: % = mg/m² x BSA = mg IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and mannitol 30 g over 1 hour Day 1 OR CARBOplatin AUC 5 or 6 (circle one) x (GFR + 25) = mg IV in 100 to 250 mL NS over 30 minutes Day 1 (Reminder: if using CARBOplatin, must use gemcitabine 1000 mg/m²)		
pose modification for day 8 gemcitabine 1250 mg/m² or 1000 mg/m² (circle one) x BSA = mg Dose Modification: (%) = mg/m² x BSA = mg IV in 250 mL NS over 30 minutes		
RETURN APPOINTMENT ORDERS		
Return in three weeks for Doctor and Cycle Book chemo Day 1 and 8.		
Last Cycle. Return in week(s)		
CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each treatment		
CBC & Diff, Platelets, Creatinine prior to Day 8		
If clinically indicated: ECG Chest X-ray		
☐ serum HCG or ☐ urine HCG – required for woman of child bearing potential		
☐ Free T3 and free T4 ☐ lipase ☐ morning serum cortisol ☐ Glucose		
☐ serum ACTH levels ☐ testosterone ☐ estradiol ☐ FSH ☐ LH		
☐ Weekly nursing assessment		
☐ Other consults		
☐ See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:	SIGNATURE:	
	UC:	