



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: BRAVPGC

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:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, platelets day of treatment				
On Day 1: may proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, 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				
On Day 8: may proceed with doses as written if within 48 h: ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. ondansetron 8 mg PO prior to treatment dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment				
For prior infusion reaction to pembrolizumab: <input type="checkbox"/> diphenhydrAMINE 50 mg PO 30 minutes prior to pembrolizumab <input type="checkbox"/> acetaminophen 325 to 975 mg PO 30 minutes prior to pembrolizumab <input type="checkbox"/> hydrocortisone 25 mg IV 30 minutes prior to pembrolizumab <input type="checkbox"/> Other:				
Have Hypersensitivity Reaction Tray & Protocol Available				
TREATMENT:				
pembrolizumab 2 mg/kg x _____ kg = _____ mg (Maximum dose = 200 mg) IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter Day 1 only				
gemcitabine 1000 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: (_____ %) = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8				
CARBOplatin AUC 2 x (GFR + 25) = _____ mg <input type="checkbox"/> Dose Modification: (_____ %) = _____ mg IV in 50 to 250 mL NS over 30 minutes Day 1 and Day 8				
DOSE MODIFICATION FOR DAY 8				
gemcitabine 1000 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: (_____ %) = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 8				
CARBOplatin AUC 2 x (GFR + 25) = _____ mg <input type="checkbox"/> Dose Modification: (_____ %) = _____ mg IV in 50 to 250 mL NS over 30 minutes on Day 8				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	



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DOCTOR'S ORDERS	
DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo Days 1 and 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s)	
CBC & Diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to Day 1 of each cycle CBC & Diff, platelets, Creatinine prior to Day 8 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 child bearing potential <input type="checkbox"/> Free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> glucose <input type="checkbox"/> serum ACTH levels <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> creatine kinase <input type="checkbox"/> CA15-3 <input type="checkbox"/> Weekly nursing assessment <input type="checkbox"/> Other consults <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: