

**PROTOCOL CODE: BRAVPP**

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**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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)
- 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 10<sup>9</sup>/L, Platelets greater than or equal to 90 x 10<sup>9</sup>/L, 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, 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.**

On Days 8 and 15: may proceed with doses as written if within 48 hours: **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 90 x 10<sup>9</sup>/L**

Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

For prior pembrolizumab infusion reaction (and receiving PACLitaxel premedications):

- Give PACLitaxel premedications prior to pembrolizumab infusion

For prior pembrolizumab infusion reaction (if **not** receiving PACLitaxel premedications):

- diphenhydrAMINE 50 mg** PO 30 minutes prior to pembrolizumab
- acetaminophen 325 to 975 mg** PO 30 minutes prior to pembrolizumab
- hydrocortisone 25 mg** IV 30 minutes prior to pembrolizumab

**45 Minutes Prior to PACLitaxel:**

**dexamethasone 10 mg** IV in NS 50 mL over 15 minutes

**30 Minutes Prior to PACLitaxel:**

**diphenhydrAMINE 25 mg** IV in NS 50 mL over 15 minutes and **famotidine 20 mg** IV in NS 100 mL over 15 minutes (Y-site compatible)

- No premedication to PACLitaxel required (see protocol for guidelines)
- Other:**

**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\* on **Day 1 only**

**PACLitaxel 80 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 100 to 500 mL (non-DEHP bag) NS over 1 hour on **Days 1, 8, and 15** (use non-DEHP tubing with 0.2 micron in-line filter\*)

\* Use separate infusion line and filter for each drug

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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<b>DOCTOR'S ORDERS</b>	
DATE:	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____ (Book chemo room weekly x 3) <input type="checkbox"/> Last cycle. Return in _____ week(s)	
<p><b>CBC and diff, platelets, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH</b> prior to each cycle</p> <p><b>CBC &amp; Diff, Platelets</b> prior to treatment on Days 8 and 15.</p> <p>If clinically indicated: <input type="checkbox"/> <b>ECG</b>   <input type="checkbox"/> <b>Chest X-ray</b></p> <input type="checkbox"/> <b>serum HCG</b> or <input type="checkbox"/> <b>urine HCG</b> – required for woman of child bearing potential <input type="checkbox"/> <b>Free T3 and free T4</b> <input type="checkbox"/> <b>lipase</b> <input type="checkbox"/> <b>morning serum cortisol</b> <input type="checkbox"/> <b>creatine kinase</b> <input type="checkbox"/> <b>serum ACTH levels</b> <input type="checkbox"/> <b>estradiol</b> <input type="checkbox"/> <b>FSH</b> <input type="checkbox"/> <b>LH</b> <input type="checkbox"/> <b>glucose</b> <input type="checkbox"/> <b>CA15-3</b> <input type="checkbox"/> <b>Weekly nursing assessment</b> <input type="checkbox"/> <b>Other consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>