

PROTOCOL CODE: GOCXCPNP

DOCTOR'S ORDERS		Page 2 of 2
DATE:	To be given:	Cycle #:
Have Hypersensitivity Reaction Tray and Protocol Available		
TREATMENT:		
<p>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*</p>		
<p>PACLitaxel NAB (ABRAXANE) 260 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with 15 micron filter*)</p>		
<p>CARBOplatin AUC 5 x (GFR + 25) x = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg IV in 100 to 250 mL NS over 30 minutes</p>		
* use separate infusion line and filter for each drug		
RETURN APPOINTMENT ORDERS		
Return in <input type="checkbox"/> three weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in three weeks for GOCXPB or GOCXPB6 (to continue pembrolizumab)		
<p>CBC & Diff, Platelets, creatinine, ALT, alkaline phosphatase, total bilirubin, sodium, potassium, TSH prior to each cycle.</p> 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"/> random glucose <input type="checkbox"/> GGT <input type="checkbox"/> total protein <input type="checkbox"/> albumin <input type="checkbox"/> creatine kinase <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"/> Weekly nursing assessment <input type="checkbox"/> Other consults <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: